



American Fork Recreation Department Adult Coed Softball Roster and Player Waiver

Team Name _____ Team Manager _____ Home/ cell Phone _____

Manager's Address _____ City/ Zip _____ Work Phone _____ e-mail _____

Player Waiver: Please read before signing!

In consideration of your accepting my participation in the Softball program, I hereby, for myself and my heirs, do waive and release any and all rights and claims for damages I may have against the City of American Fork or its representatives, USSSA or its officials, for any and all injury, disability, death, or loss or damage to personal property, suffered by myself or any member of my family, going to, coming from, or while at any American Fork sponsored men's softball game, practice, event or related activity for ordinary negligence.

I recognize that Softball is a physically active sport that has some very significant inherent risks to the participants and/or spectators. Softball is played on hard and sometimes slippery surfaces with equipment that can cause injury whether used properly or improperly, and against other individuals whose actions cannot always be controlled or predicted. I recognize that possible injuries associated with Softball include, but are not limited to: breaks or sprains to legs, arms, wrists, ankles, ligament or cartilage tears, concussions, eye injuries (scratch, gouge or loss), broken nose, loss of teeth, permanent paralysis, etc., even though I, as a participant, and at my own discretion and prerogative, may be wearing protective equipment.

I hereby certify with my signature below that I have read this waiver and acknowledge that there are significant risks involved in the game of Softball. I hereby assume all such risks, both known and unknown. I also understand and acknowledge that neither American Fork City nor the men's softball league provides accident and medical insurance for the participants in this program. I further state that I and all members of my family are covered by adequate accident and medical insurance.

	Print/Type Name of Player	Wavier Signature	Resident City	Home/Cell Phone	Driver's License Number
1-	Team Manager:				
2-	Asst. Manager:				
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For liability reasons this Player Roster must be signed by each player. Any signature that is made by anyone other than the individual indicated or other deliberately false information will be deemed fraudulent and will be reason to forfeit the team from any additional play in the league.

Acknowledged by: _____, Team Manager Office: paid-\$ _____ Date: _____ By _____