

# 2017 Adult Cheektowaga Youth & Recreation Fall Softball Team Roster

Team: \_\_\_\_\_ League: \_\_\_\_\_  
Manager's Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Home Business

I, the undersigned player, acknowledge, agree, and understand that:  
1) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below. 2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants. 3) I understand that sliding into bases is dangerous to me and to other players and may result in serious injury or death. 4) I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of a ball, the swinging of a bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.  
Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for/by the team or league: 1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for/by my team or league for practice or play. 2) I release, discharge, and agree not to sue the team and league designated above, the field owner, or other entity designated above, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field, or Amateur Softball Association of America for any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, or wrongful conduct of the parties hereby released.

## Players:

Name	Address (Street/Town/Zip)	Phone	Signature
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

**All rosters must be turned in no later than Friday, September 1, 2017. Random checks of ID may be performed at anytime if there is suspicion of any illegal players being used.**

**By having your name on this form you are agreeing to abide by The Town of Cheektowaga's Zero Tolerance Policy!**