

TEAM NAME: \_\_\_\_\_ MANAGER: \_\_\_\_\_ CELL#: \_\_\_\_\_

LEAGUE/DIVISION: \_\_\_\_\_ MANAGER ADDRESS: \_\_\_\_\_ WORK#: \_\_\_\_\_

REQUESTED NIGHT: \_\_\_\_\_ MANAGER EMAIL: \_\_\_\_\_ HOME#: \_\_\_\_\_

**CITY OF MILFORD OFFICIAL ADULT SOFTBALL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I, the undersigned parent/guardian 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 including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, 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 or observer during practice of play or by other teams or by other players on my team, and (c) while on or upon 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/or league designated below or any owner or lease of the fields on which softball is played or practiced by my team, the City of Milford, or 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, the City of Milford, or the Amateur Softball Association of 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 negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and full indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER'S NAME Please Print or Type	PLAYER SIGNATURE	INITIALS	DATE	D.O.B	BONAFIDE RESIDENCE Street, (City & Zip if not Milford)	PRIMARY PHONE
1.						
2.						
3.						
4.						
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6.						
7.						
8.						
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15*.						
16*.						
17*.						
18*.						
19*.						
20*.						

**SPECIAL NOTES**

- 1. All players must submit a photo copy form of photo identification.
- 2. Additional proof of eligibility can be requested at any time.
- 3. Industrial Teams must complete the Notarized Employee Statement Form on reverse side.
- \* 4. Former residents shall submit a Former Resident Affidavit Form & be listed in lines 15-20.

**Team Manager Affidavit :** As the manager of this team, I certify that all information is complete and correct. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification and disciplinary action. In addition, as the team manager I am responsible for and will be held accountable for the actions and conduct of all the team members, assistant coaches & team spectators and will abide by and enforce the rules and regulations as outlined in the 2012 Rules & Regulations Governing Adult Softball.

Managers Name (print): \_\_\_\_\_ Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENTRY FEE \$200 CHECK \_\_\_\_\_ ASA & FORFEIT FEE\* \$135 CHECK \_\_\_\_\_ DATE \_\_\_\_\_ \* Any former resident fees may be included in this check.

ALL CHECKS PAYABLE TO THE CITY OF MILFORD



CITY OF MILFORD - RECREATION DEPARTMENT



Notarized Employer Statement

The form must be submitted to the Recreation Department prior to a team's participation in the Men's Industrial Softball League. Each player/team must also complete and submit the Official Men's Softball, Release of Liability and Indemnification Agreement on the reverse side.

\*\*\*\*THIS FORM IS ONLY REQUIRED IF YOU ARE AN INDUSTRIAL TEAM\*\*\*\*

After being duly sworn, I do depose and say that I am familiar with the personnel records of the Milford company which this team represents and that all the players listed on this roster have been continuously employed on a full time basis by this company since April 15th of the current year.

COMPANY: \_\_\_\_\_

Player / Employee Name

Table with 10 rows for player names, numbered 1 to 10.

Player / Employee Name

Table with 10 rows for player names, numbered 11 to 20.

I understand that if any of this information is found to be false that myself, as well as my team, will be subject to disciplinary action as prescribed by the Milford Recreation Department's league rules and regulations. This action may include, but is not limited to single/multiple game suspensions; and/or expulsion from the league and/or other Recreation activities.

I also understand and acknowledge that the Milford Recreation Department may take whatever actions it deems necessary to verify any and all information submitted by players and or teams.

Furthermore, I understand that the Milford Recreation Department reserves the right to make any decisions) it feels to be in the best interest of the league, the Recreation Department, and/or the City of Milford.

\_\_\_\_\_  
Name of Company Representative / Title

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Company Representative / Date

MUST BE SIGNED IN PRESENCE OF NOTARY

Notary seal box containing text: \*\* This Section Reserved For Notary - Not Valid Without Raised Seal \*\*, SUBSCRIBED AND SWORN TO BEFORE ME THIS, day of, 2012, NOTARY PUBLIC