



SSL Team Roster Form

Team Name: _____ Season: **FALL 20**_____

Manager's Name: _____

Day Phone _____ Night Phone _____

Address _____

City/State _____ Zip _____ E-mail _____

Alternate Manager: _____

Day Phone _____ Night Phone _____

Address _____

City/State _____ Zip _____ E-mail _____

Name	Phone #	Signature	DOB
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Liability Waiver

I, the undersigned, in consideration of being allowed to participate in this activity, and intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge the Southern Softpaw League (SSL), Southside Softball Complex and their respective officers, directors, agents, employees, umpires or referees and contractors, Jointly and severally, from any and all liability from personal injury, accidents, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in this activity; and I expressly assume all risks of my participation in this activity, including, without limitation, the risk that I might be injured as a result of the acts or omission of the above parties or some defect in or on the property of any of them, whether caused by negligence or otherwise, except for illness and injury resulting directly or solely from gross negligence or willful misconduct on the part of SSL, Southside Softball Complex or its employees and I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs and attorneys fees arising out of or resulting from my participation in this activity. I am playing at my own risk. SSL and Southside Softball Complex are not responsible for the condition of the field or the other participants, spectators or referees/umpires.

Photography/Video Release By me signing this registration form, I permit SSL to use and publish photographs and/or videotapes of me for purposes of presenting recreation activities to the community and to promote the league to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the league.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE. ROSTER VERIFICATION:

I Certify, that all of the information listed above including players signatures, names, addresses and city of residence are correct and true and all players are eligible to participate according to the rules and regulations as set forth by the Southern Softpaw League. In addition, I understand that any false information will result in my and/or this team's suspension from this activity.

MANAGER'S SIGNATURE: _____ DATE: _____