



National Softball Association of the Deaf

TEAM REGISTRATION AND WAIVER RELEASE FORM YEAR 2010

NAME OF TEAM _____ Men Women Region _____ Regional Secretary's Initials _____

INSTRUCTIONS FOR COMPLETING FORM

Each Team member MUST sign his/her own name and date. Proxy signatures will be not accepted. **By signing this registration form, I also agree to the conditions on the waiver form on the back page of this document.** I agree to observe all the rules and regulations as prescribed by NSAD on eligibility of players. See the Athletic Eligibility Rules of the NSAD Rules and Regulations. Please PRINT or TYPE all information clearly. **PARENTS/GUARDIANS OF MINORS ARE REQUIRED TO SIGN ON SECOND PAGE.**

| # | Jersey # | LAST NAME | FIRST NAME | EMAIL | CITY | ST | AGE | SIGNATURE | DATE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|------------|-------|------|----|-----|-----------|------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| NON-PLAYER ROSTER (Be sure to include \$25.00 for each non-player listed in # 18, 19 and 20 in addition to the required NSAD \$100 team fee) | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

COACH: _____
 COACH VP NUMBER: _____
 FAX NUMBER: _____

****LIMIT 17 PLAYERS ****
3 NON-PLAYERS ALLOWED
CODA/SODA Player(s) place an asterisk in first column.
Free Agent(s) place a circle the # in first column.

| |
|---------------------------------------------|
| For Office Use Only \$100 per Team _____ |
|---------------------------------------------|

NOTICE TO EVERY TEAM MEMBER AND PARENT/GUARDIAN OF MINOR(S) ON TEAM

Read this form **FIRST** before signing

ATHLETIC LIABILITY RELEASE AND WAIVER FORM

In consideration of being allowed to participate in any way in the National Softball Association of the Deaf, Inc. and its affiliated organizations and member clubs athletic/sport programs, and related activities and events, we, the undersigned participants on this document:

- 1) Agree that prior to participating, I should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I should immediately advise my coach or manager of such conditions and refuse to participate.
- 2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe personal and/or economic losses which result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, there may be unanticipated or unexpected risks which may arise during such activities.
- 3) Assume all of the risks of injury to my person and property that may be sustained in condition with the stated and associated activities and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4) Release, waive, discharge and covenant not to sue the National Softball Association of the Deaf, Inc., its affiliated clubs and organizations, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", and from any and all liability to me, my heirs, next of kin, administrators and assigns for any and all claims, demands, actions and causes of action of any sort for losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or any other fault.
- 5) Represent and certify that I, the participant, am over 18 years of age, or if I am under the age of 18 years, I do represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my rights against the releasees, as evidenced by their signatures below.**
- 6) Certify that my participation in the stated activities is voluntary, that I am not in any way, the employees, servant or agent of the owners, operators, or sponsors of the premises and the activities herein.
- 7) Agree that the terms of this liability release shall be construed according to the laws of State of Kansas.

MINOR'S NAME

AGE

PARENT'S /GUARDIAN'S SIGNATURE

Date

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |