

TEAM NAME _____ MANAGER _____ HOME & CELL PHONE _____ / _____

DIVISION/NIGHT _____ ADDRESS _____ EMAIL ADDRESS: _____

CITY OF MILFORD OFFICIAL ADULT SOFTBALL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT - Page 1 of 2

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	PLAYERS SIGNATURE	INITIALS	D.O.B.	DATE	BONAFIDE MILFORD RESIDENCE (Street Only)	PRIMARY PHONE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Former residents (Non-Residents for Masters Division) shall be listed in lines 16 - 20 and must submit the Former Resident Affidavit Form & accompanying fees.

FORMER RESIDENT NAME	F/R SIGNATURE	INITIALS	D.O.B.	DATE	F/R CURRENT STREET ADDRESS	CITY & ZIP
16.						
17.						
18.						
19.						
20.						

SPECIAL NOTES - ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE. THIS ROSTER MUST BE NOTARIZED ATTESTING TO ITS ACCURACY.

Entry Fee (\$240.00) Payable to: City of Milford Date: _____ Method: _____

**CITY OF MILFORD OFFICIAL ADULT SOFTBALL PLAYER, RELEASE OF LIABILITY AND
INDEMNIFICATION AGREEMENT - Page 2 of 2**

ELIGIBILITY VERIFICATION

INSTRUCTIONS

There are two portions of this section but only one needs to be completed depending on the league you are registering for. You must complete section one if you are registering a team in any of the following leagues: Men's Recreation & Masters, Women's Recreation & Masters, or COED Recreation. Section two shall be filled out by Industrial teams only.

****TOURNAMENT AND SENIOR DIVISION TEAMS ARE EXEMPT FROM FILLING OUT EITHER PORTION.****

Section 1

Notarized Statement of Eligibility

After being duly sworn, I do depose and say that the members of my team listed on the reverse side meet the eligibility requirements of the league. I understand that the league is for current Milford residents only and that Non-residents are not permitted unless he or she is former resident who meet the criteria as a "grandfathered" player. I have listed my eligible non residents in lines 15-20 on the reverse side. I futher understand that failure to pay the associated "grandfather fee" per eligible former resident, shall deem any unpaid players illegal. Proof of eligibility may be asked for at any time.

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, expulsion from the league, and/or other recreation activities and ***prosecution for False Statement in the 2nd Degree and Forgery in the 2nd Degree.***

Team Name	** This Section Reserved For Notary - Not Valid Without Raised Seal ** SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____ NOTARY PUBLIC
Manager's Name	
Manager's Signature	
MUST BE SIGNED IN PRESENCE OF NOTARY	

Section 2

Notarized Employer Statement - INDUSTRIAL TEAMS ONLY

COMPANY/TEAM NAME: _____

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.

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, expulsion from the league, and/or other recreation activities and ***prosecution for False Statement in the 2nd Degree and Forgery in the 2nd Degree.***

Personel Director's or Supervisor's Name	** This Section Reserved For Notary - Not Valid Without Raised Seal ** SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____ NOTARY PUBLIC
Personel Director's or Supervisor's Phone	
Manager's Name	
Manager's Signature	
MUST BE SIGNED IN PRESENCE OF NOTARY	