

**BLACK SOFTBALL ASSOCIATION
TEAM ROSTER
WAIVER/RELEASE OF LIABILITY**

PLEASE READ CAREFULLY AND SIGN

In consideration of being allowed to participate in any tournament held by any arm of Central Georgia Athletic Group, and any related sports programs, events and activities, the undersigned acknowledges the risks of participation in events being offered including the possibility of permanent injury and death. And while rules, equipment other safety measures are put in place to reduce the risks, the risks do still exist.

I, therefore, accept all risks and hold Central Georgia Athletic Association and any of it's subsidiary groups completely harmless along with any officials, individuals, employees, sponsors, park officials, management of other properties (other than parks) with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from their negligence or negligence on my own behalf to the fullest extent permitted by law.

I have read the above stated release of liability and assumption of risk agreement, I fully understand its terms and that I have given up substantial rights by signing it and I do hereby sign it freely and voluntarily without inducement.

PLAYERS NAME PRINTED	ADDRESS W CITY & ZIP	SIGNATURE
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TEAM NAME _____ MANAGER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE #(HOME) _____ CELL # _____

SIGNATURE _____ DATE _____