IFA / DF Softball, L.L.C - 2010 Roster / Waiver

Team Name:		Registration Number:	
Manager Name :		Age Division & Class:	
Address:		Cell Phone Number:	
City, State, Zip		Home Number:	

AGREEMENT, WAIVER AND RELEASE - PLEASE READ BEFORE SIGNING THIS FORM

In consideration for being permitted by IFA to participate in the related sports activity, I hereby waive, release and discharge any and all claims for damages, for personal injury, death or property damage which I have, or which I may hereafter accrue to me., as a result of participation in said activity. This release. is intended to discharge in advance, IFA, their officers, agents and /or employees, other participants, sponsoring agencies, sponsors, advitisers, and if if applicable, owners and lessors of premises used to conduct the event, from any and all liability arising out of or connected in any way with the participation of said activity, even though that liability may arise out of negligence or carelessness on the part of persons or entities above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding by my heirs and assigns. I agree to indemnify and hold harmless the above persons or entities free and harmless from any loss, liability damage, cost, or expense which they may incur as a result of my death or injury or property damage that I may sustain while participating in said activity. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parents / Guardians Signature should be on the same line as the player's name on the roster. By signing this roster, parent or legal guardian agrees to the above statements and verifies the date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent / legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and all Releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation iin these programs as provided above. EVEN IF ARISING FROM THEIR NEGLIGENCE.

Players Signature if 18 or over - Parent / Guardian Signature if player is a minor - Both not needed

Player	Birthdate	Player Signature	Parent/Guardian	Relationship

Coach Name	
Coach Name	
Coach Name	

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge and that all of the parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the IFA Program in accordance with IFA rules governing that sport.

Important - Each team manager shall be responsible to keep legal copies of birth certicates, etc. in case of protest.

Manager's Signature: _____ **Date:** _____