



NSF ♦ MSF PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND OFFICIAL TEAM ROSTER

Year _____

PRINT OR TYPE LEGIBLY--PRESS HARD YOU ARE MAKING THREE COPIES

Post Season Tournament Team #: 1 2 3 4 5 6 7 8 Other _____ (assigned and circled by league director)

Sports Community _____ District _____ League _____ Division _____
(see division code box)

Team Name _____ Class: Open/Major A B C DD D EE E
(circle one)

Team Manager _____ Cell Phone (_____) _____ Email _____
(to be eligible as a player, team manager must also be listed under players section)

Address _____ City _____ State _____ Zip _____

PLAYER STATEMENT Each player shall read the following statements before signing the roster. I am a member in good standing of the above team and I am eligible under local sports community and NSF ♦ MSF eligibility rules to compete with this team in local sports community and NSF ♦ MSF tournament play. I understand that I may participate in only one MSF post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster submitted at the tournament site in the same division of play. For the definition of "divisions of play" please see the applicable NSF ♦ MSF Guidebook. I agree to abide by the rules and regulations established for local sports community and NSF ♦ MSF play.

DISCLAIMER: Unless we receive notice via staff@msf1.org to be removed from the member list, players may receive discount offers on sporting goods, travel, etc. from time to time from MSF sponsors who help subsidize the cost to participate in MSF programs. The MSF does not sell email or address lists for commercial purposes.

HOLD HARMLESS WAIVER OF LIABILITY: I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the team and sports community indicated above. 2. I understand that there are certain risks and hazards involved in participating that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that the very nature of participatory sports is hazardous and risky, including, but not limited to, swinging, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the playing areas arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury 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 during practice or play by other teams or by both players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play. 2. I release, discharge and agree not to sue the team and league/sports community designated above, the facility owner or other entity designated above, the National Softball Federation - Minnesota Sports Federation, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, playing area or National Softball Federation - Minnesota Sports Federation 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 the negligence, breach of contract or wrongful conduct of the parties hereby released.

*** TEAM MANAGER/COACH CHECKLIST FOR TOURNAMENT PLAY ***

- Signatures of all players must be on this official tournament roster.
- All players must have a Minnesota driver's license I.D., bordering state's driver's license, military picture I.D., or company picture I.D.

All of the above requirements must be met at team check-in and throughout tournament play.

DIVISION CODE BOX			
MSP	- Men's Slowpitch	MF40	- Men's (40 + Over) Fastpitch
WSP	- Women's Slowpitch	MF23	- Men's (23 + Under) Fastpitch
MCSP	- Men's Church Slowpitch	WFP	- Women's Fastpitch
CRSP	- Co-Rec Slowpitch 11"/12"	MMP	- Men's Modified Pitch
MS35	- Men's (35 + Over) Slowpitch	WMP	- Women's Modified Pitch
MF40	- Men's Fastpitch		

PRINT OR TYPE NAME	PLAYER'S SIGNATURE <small>(If 18 or over, otherwise parent's signature)</small>	RESIDENCE ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	EMAIL ADDRESS	BIRTHDATE		
								M	D	Y
1.										
2.										
3.										
4.										
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20.										

Statement of Team Manager/Coach and League Director: We hereby verify that each player appearing on this NSF ♦ MSF tournament roster qualifies under the eligibility rules outlined in the NSF ♦ MSF program guide. We understand that a violation of NSF ♦ MSF eligibility rules even if inadvertent, will result in the automatic disqualification of the team and may result in the probation and/or suspension of our sports community from future NSF ♦ MSF participation.

Statement of Church Pastor (Church Softball teams only)
I hereby certify that the above players are members who are actively associated with the religious endeavors of our church as shown by their regular attendance and participation at church services before March 1.

Team Manager's/Coach's Signature

League Director's Signature

Church Pastor's Signature

See applicable sports guide for maximum number of players allowed on your roster and deadline for submission

Church Name _____
Phone H () _____ W () _____

White Copy - Tournament Roster
(Team Hand Carry to Tournament)

Yellow Copy
(Send to MSF by Deadline)

Pink Copy - League Director
(File Copy)