



Freedom Sports Association and Summerville Mens Church Softball League (SMCSL) Official Adult Roster

ADDITION

In consideration of being permitted to participate in the Freedom Sports Association, I hereby agree for myself successor, heirs, and assigns, Release and forever discharge Freedom Softball Association, their employees, officers, and directors from all claims, actions, and or judgment I may have or claim to have against Freedom Softball Association for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the Freedom Softball Association, - either Leagues or Tournaments. I further agree for myself, successor, heirs, and assigns to indemnify and hold Freedom Softball Association harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation in the Freedom Softball Association and from all judgments recovered and from all expenses incurred in defending said claims or suits. I am in good health and have no physical condition that would prevent me from participating in Freedom Softball Association events. **I THE UNDERSIGNED HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.**

Team Name: _____	Team Sanction: _____	Team Class: _____	Date: ____/____/____
Team Manager: _____	Signature: _____	Phone Number: _____	
Manager Address: _____	City: _____	ST: _____	ZIP Code: _____
Minister: _____	Signature: _____		

	Print Players Name	Drivers License #	Player Signature	Address	City	State	ZIP	Date of Birth	Phone Number
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
	NOTE: 1. Each player must personally sign his/her own name.								PAGE 1
	2. Minister must initial after the last player on the roster.								