

INDIANAPOLIS SPORTS PARK OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM.



I, the undersigned player or the parent or legal guardian of a minor player named below, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the softball, baseball, flag football or kickball team and league indicated below. 2) I understand that there are certain risks and hazards involved in participating in softball, baseball, flag football, kickball or cornhole 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 of the ball, the swinging of the bat, 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 agree that in consideration for the right to play 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 to accept and solely assume all risk of damages, 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 by other teams or by other players on my team, and (c) while on or upon the premise of 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, Indianapolis Sports Park, Inc. and/or league designated below or any owner or lessee of fields on which softball, baseball, flag football or kickball is played on or participated by my

Team, the United States Specialty Sports Association (USSSA), or their owners, officers, servants, agents, employees, associations, employees, or any person or entity connected with the team, league, field, USSSA 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. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, can cause of 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 are 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 THE WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. I also give my permission to INDIANAPOLIS SPORTS PARK, INC. for the free use of my likeness in connection with any broadcast, telecast, print media account, or any other publicity or or generated by program activities of INDIANAPOLIS SPORTS PARK, INC.

20 _____ Year

TEAM NAME _____

CITY/STATE _____

EMAIL _____

DIVISION & CLASSIFICATION OF CHAMPIONSHIP PLAY

(Please check appropriate box for each sport, the under check box)

Spring Summer Fall Baseball Softball Volleyball Cornhole Flag Football Kickball

1) Each player should read the statement on Page 2 before completing and signing this roster.
 2) Parents/Guardians signature should be on the same numbered line below as player's signature.
 3) Players are subject to the USSSA Drug Control Procedures and Policies as provided in the USSSA Code.

On questions concerning player eligibility or player's legal, proper proof of identification will be required. Players not able to show such proof will be declared ineligible and the team dealt with as provided by the rule book. This is to confirm that this roster does not include any assumed names and that each player conforms to eligibility requirements. Date: _____ Mgr.'s Signature: _____

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	*INITIALS	DATE	MAILING OR EMAIL ADDRESS	HOME PHONE	DATE OF BIRTH	PARENT'S/GUARDIAN'S SIGNATURE	DATE	RELATIONSHIP
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
(19.)									
(20.)									

MINORS ONLY

Registered to Play: Sun Mon Tue Wed Thu Fri Sat

Class (Please check applicable) Men's: C D D+ E Women: Coed Rec. Coed Novice

Manager's Name _____ Mgr. Bus. Phone _____ City/State/Zip _____ Email: _____

Assistant Manager's Name _____ Asst. Mgr. Bus. Phone _____ City/State/Zip _____ Email: _____



FEMALE WAIVER FORM

IF A PLAYER IS A FEMALE PLAYING IN AN ALL MALE LEAGUE, THE PERSON MUST SIGN THE ROSTER BELOW.

I, _____, female player, do hereby understand, by playing in an all male softball league at Indianapolis Sports Park, INC., do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against ISPI and its sponsors, their agents or representatives, for any and all injuries or losses sustained arising out of any injuries or losses suffered while competing in or in connection with the lay at ISPI harmless and indemnify it from and on account of any damage suffered or sustained at ISPI by reason of said player being injured.

I hereby subscribe my name in the section for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PRINT OR TYPE PLAYERS NAME:

PLAYERS SIGNATURE _____

ADDRESS (INCLUDING CITY, ST., ZIP) _____

DATE OF SIGNATURE _____



PARENT/GUARDIAN AFFIDAVIT

IF A PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN A ROSTER BELOW. THE MINOR MUST BE OLDER THAN SIXTEEN (16) YEARS OF AGE TO PLAY IN THE SPORTS LEAGUE AT ISP.

I, parent or guardian of the player named below, do hereby, in consideration of permitting _____ to participate in play at Indianapolis Sports Park, INC., do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against ISPI and its sponsors, their agents or representatives, for any and all injuries or losses sustained arising out of any injuries or losses suffered by _____ while competing in or in connection with the lay at ISPI harmless and indemnify it from and on account of any damage suffered or sustained at ISPI by reason of said player being injured.

I also hereby give permission to ISPI to use, in any printed publications that may desire, all pictures taken of the minor player in their publicizing the game of softball/volleyball/football/baseball equipment without consideration of any kind. I hereby subscribe my name in the section for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PRINT OR TYPE PLAYERS NAME:

TEAM NAME _____ NIGHT OF PLAY _____

PLAYERS SIGNATURE _____

ADDRESS (INCLUDING CITY, ST., ZIP) _____

YEAR IN SCHOOL _____ DATE OF BIRTH _____

PARENT/GUARDIAN SIGNATURE _____

RELATIONSHIP _____