



ROSTER

TEAM NAME _____

CITY / STATE / ZIP _____

MEN WOMEN COED

TEAM MANAGER AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate at SBW, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge Softball World, their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against SBW for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation at SBW - either Leagues or Tournaments. I further agree for myself, successor, heirs, and assigns to indemnify and hold SBW harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation at SBW, and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken or made by SBW, their employees, officers and directors, in connection with my participation at SBW, either leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by SBW, or by any person, corporation or association authorized by SBW. I am in good health and have no physical condition that would prevent me from participating in SBW events. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	STREET ADDRESS - APT #	CITY	STATE	ZIP	EMAIL	(A/C) HOME PHONE
1.							()
2.							()
3.							()
4.							()
5.							()
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SBW Requirements: Roster must be signed by all players.

TEAM MANAGER AFFIDAVIT

I am the manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team and agree to be bound by the rules and regulations of SBW.

SIGNATURE OF MANAGER _____

SIGNATURE OF TEAM MANAGER

HOME PHONE () _____

CELL PHONE () _____

EMAIL _____

MANAGER'S NAME (PRINT)

MANAGER'S ADDRESS (PRINT)

CITY STATE ZIP