



**TOUCHED BY FIRE ANGELS, INC. SLOW PITCH SOFTBALL
 WAIVER/ RELEASE OF LIABILITY,
 OFFICIAL TEAM ROSTER & TOURNAMENT ENTRY FORM.**

Team Name: _____ **City** _____

State Registration Number _____ **Classification (circle) Mens or Co-Ed**

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the Touched by Fire Angels, Inc. athletic/ sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TOUCHED BY FIRE ANGELS, INC., their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (" Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Players Full Name PRINTED	Address w/City and Zip	Signature
1		I have read and I understand
2		I have read and I understand
3		I have read and I understand
4		I have read and I understand
5		I have read and I understand
6		I have read and I understand
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16		I have read and I understand
17		I have read and I understand
18		I have read and I understand
19		I have read and I understand
20		I have read and I understand

Managers NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Managers HOME PH: _____ ← MUST Have Cell PH: _____ WORK PH: _____

NOTE: Non- playing managers should not be listed as a player.

MANAGER'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to the above Waiver of Liability.

 MANAGER'S SIGNATURE

 DATE

 E-Mail