



USSSA SLOW PITCH WAIVER/RELEASE OF LIABILITY & OFFICIAL BLACK AMERICAN TEAM ROSTER



NAME OF TEAM: _____ **TEAM IS FROM:** _____

IMPORTANT: Each player must designated as Black or Non-Black. **NOTE:** Only three Non-Black players are allowed on this roster.

READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION 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 THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, 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 ("Releasees"), 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.

PLAYER NAME	SOCIAL SECURITY #	BLACK	NON- BLACK	PLAYER SIGNATURE	PLAYER NAME	SOCIAL SECURITY #	BLACK	NON- BLACK	PLAYER SIGNATURE
1.					11.				
2.					12.				
3.					13.				
4.					14.				
5.					15.				
6.					16.				
7.					17.				
8.					18.				
9.					19.				
10.					20.				

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

MANAGER'S NAME: _____

MANAGER'S MAILING ADDRESS: _____

MANAGER'S HOME PHONE: (____) _____

WORK PHONE: (____) _____

BLACK AMERICAN ORIGIN CERTIFICATION: I hereby certify that all Black American players on this roster are of true Black American origin.

TEAM MANAGER'S SIGNATURE

USSSA STATE DIRECTOR'S APPROVAL – This certifies that this team is registered with the USSSA as a Black American Slow Pitch team. The team and players conform to all eligibility rules governing Black American teams. The team is classified as an

_____ Men's Black American Competitive Team _____ Men's Black American Recreational Team

_____ Women's Black American Team

SIGNED: _____

USSSA STATE SLOW PITCH DIRECTOR

DATE