

SPORTSNATION/SOFTBALLNATION OFFICIAL LEAGUE ROSTER

Team Name:		League Night:	
Coach's Name:		Coach's Phone:	
Coach's email:			

This roster form is for league purposes and Chesterfield County Non Residency Requirements Please Submit this roster no later than May 8th with a non-residency fee of \$15 for each non Chesterfield County Resident. The Non Residency Fees should be one check made out to Chesterfield County.

ALL TEAM MANAGERS AND PLAYERS MUST READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate as a member team with Sportsnation.org , I hereby agree for myself, successor, heirs and assigns, release and forever discharge Sportsnation.org, and Softballnation, their employees, officers, and directors from all claims, actions or judgements I may have or claim to have against Sportsnation.org/Softballnation for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation with Sportsnation/Softballnation, - either Leagues or Tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold Sportsnation/Softballnation harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation with Sportsnation/Softballnation and from all judgements 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 Sportsnation/Softballnation, their employees, officers and directors, in connection with my participation with Sportsnation/Softballnation either leagues or tournaments, or any reproduction of the same, as well as my name, may in any manner be used by Sportsnation/Softballnation, or by any person, corporation or association authorized by Sportsnation/Softballnation. I am in good health and have no physical condition that would prevent me from participating in Sportsnation/Softballnation events.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

	Print or Type Player's Name	Player's Signature	Street Address, City, State	Zip	Phone:
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Rosters may be turned in at the concession stand or returned to:
SoftballNation, 210 Huddersfield Drive, Richmond, VA 23236
(804) 378-2285