



## ROSEVILLE SENIOR SOFTBALL ASSOCIATION Returning Player Registration Form

NAME: (FIRST LAST) \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY, STATE, ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALTERNATIVE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

\* Administrative use only

**WAIVER:** This Liability Waiver and Indemnification Agreement is made and entered into by Roseville Senior Softball Association (RSSA) and named undersigned. I, the undersigned; waive, release, and discharge the Roseville Senior Softball Association, its Officers, Directors, Managers and Players; the cities of Roseville, Little Canada, Stillwater, Vadnais Heights and St Paul, MN; the counties of Ramsey and Washington, MN; from any and all claims, liabilities, or actions arising out of or connected to my voluntary decision to participate in the activities of RSSA whether caused by negligence or otherwise. NOW, THEREFORE, in consideration of my choice to participate voluntarily in the activities of RSSA, I agree to the following: 1. Assumption of Risk: Participant acknowledges and willingly assumes all risks associated with the activities of RSSA, whether those risks are inherent, foreseen, or unforeseen. 2. Indemnification: Participant agrees to indemnify and hold harmless the Released Parties from any claims, damages, or expenses (including reasonable attorney's fees) resulting from Participant's involvement in the activities of RSSA. 3. Medical Authorization: In the event of an emergency, Participant authorizes the Released Parties to obtain medical treatment deemed necessary and agrees to bear the costs of such treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEE PAID \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_