



TEAM NAME _____

SANCTION/MEMBERSHIP NUMBER _____

4 OUT -OR- 1 OUT _____

DATE OF TRNY MM-DD-YYYY _____

CITY OF TOURNAMENT _____

STATE of TOURNAMENT _____

PARK NAME _____

TOURNAMENT NAME _____

DIRECTOR NAME _____

**** TEAM MANAGER/COACH AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING. EACH PERSON IS REQUIRED TO INDIVIDUALLY SIGN THE ROSTER. ****

In consideration of being permitted to participate in the National Softball Association (NSA) DBA Outlaw Softball, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge NSA DBA Outlaw Softball, their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against NSA DBA Outlaw Softball for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the NSA DBA Outlaw Softball either Leagues or Tournaments. I further agree for myself, successor, heirs, and assigns to indemnify and hold NSA DBA Outlaw Softball harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation in the NSA DBA Outlaw Softball 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 NSA DBA Outlaw Softball, their employees, officers and directors, in connection with my participation in the NSA DBA Outlaw Softball either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by NSA DBA Outlaw Softball or by any person, corporation or association authorized by NSA DBA Outlaw Softball. I am in good health and have no physical condition that would prevent me from participating in NSA DBA Outlaw Softball events.

I, THE UNDERSIGNED, HAVE READ and UNDERSTAND THE FOREGOING RELEASE and AGREE TO ABIDE BY ALL RULES & BYLAWS of the NSA DBA Outlaw Softball.

Note: Rule book with bylaws available 24/7 at www.PlayOutlawSoftball.com I am aware that TEAM INSURANCE is available for all NSA DBA Outlaw Softball sanctioned teams to purchase. Insurance details are available at www.PlayOutlawSoftball.com - then select the Insurance link.

PLAYER'S NAME - PRINT or TYPE	PLAYER'S SIGNATURE	NSA PLAYER NUMBER	DATE of BIRTH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

NSA DBA Outlaw Softball Requirements: ALL Participants must be listed on the roster with all information correct and complete. Roster must be personally signed by all players. Complete list of Outlaw Softball Roster Rules & bylaws see rule book online at www.PlayOutlawSoftball.com TEAM MEMBERS MUST BE ABLE TO PROVIDE A GOVERNMENT ISSUE PHOTO I.D. AT ANY TIME

COACH/TEAM MANAGER AFFIDAVIT

I am the coach/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. The players are eligible to compete with my team in the Outlaw Softball Tournament and agree to be bound by the rules and bylaws of Outlaw Softball. I understand that it is my responsibility to know the rules and bylaws of Outlaw Softball, and that ignorance of a rule or bylaw does not negate the penalty for myself or my team.

COACH/MANAGER'S NAME (PRINT) _____

EMAIL for COACH/MANAGER _____

COACH/MANAGER'S ADDRESS (PRINT) _____

CITY, _____

STATE _____

ZIP _____



**OUTLAW
SOFTBALL**

PHONE # _____

SIGNATURE OF COACH/TEAM MANAGER: _____