



Player must personally print and sign her own name. (Page 2 if needed)



TEAM NAME \_\_\_\_\_

AGE GROUP \_\_\_\_\_

**TEAM PLAYERS, MANAGERS, AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING**

In consideration of being permitted to participate in FASA activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge FASA, their employees, owners, officers and directors from all claims, actions or judgments I may have or claim to have against FASA for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in FASA activities. I further agree for myself, successor, heirs and assigns to indemnify and hold FASA harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in FASA, 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 by FASA, its employees, officers and directors, in connection with my participation in FASA or any reproduction of the same, as well as my name, may in any manner be used by FASA or by any person, corporation or association authorized by FASA. I am in good health and have no physical condition that would prevent me from participating in FASA 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	Birth Date	(A/C) Home Phone	Uniform #	Parent-Guardian Signature	Relationship
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