

## Freedom Sports Association Official Youth Roster

In consideration of being permitted to participate in the Freedom Sports Association, I hereby agree for myself successor, heirs, and assigns, Release and forever discharge Freedom Softball Association, their employees, officers, and directors from all claims, actions, and or judgement I may have or claim to have against Freedom Softball Association for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the Freedom Softball Association, - either Leagues or Tournaments. I further agree for myself, successor, heirs, and assisngs to indemnify and hold Freedom Softball Association 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 Freedom Softball Association and from all judgments recovered and from all expenses incurred in defending said claims or suits. I am in good health and have no physical condition that would prevent me from participating in Freedom Softball Association events. I THE UNDERSIGNED HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Manager: Signature: Phone Number: ()	
Manager Address:	
Print Players Name # Adult Signature Address City State Zip Date of Birth Phone Nur	nber

**NOTICE:** Each player must have an adult signature.