

2019 COLUMBUS SOFTBALL ASSOCIATION & NEBRASKA ASA WAIVER/RELEASE OF LIABILITY & ROSTER

CIRCLE LEAGUE: MENS D / MENS E / MENS E REC / MIXED D / MIXED E / MIXED E REC

TEAM NAME _____

TEAM MANAGER _____ PHONE - H _____ W _____

ADDRESS _____ CITY _____ ZIP _____

PRIMARY CONTACT EMAIL ADDRESS (MANDATORY) _____

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **Columbus Softball Association** and the **Amateur Softball Association** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the state and customary terms and conditions for participation. If however I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE **Columbus Softball Association** and **Amateur Softball Association** and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TYPE OR PRINT NAME	DRIVER'S LICENSE NUMBER (REQUIRED)	D.O.B. (MM/DD/YY)	PLAYER SIGNATURE (REQUIRED)
1.			I HAVE READ THIS RELEASE
2.			I HAVE READ THIS RELEASE
3.			I HAVE READ THIS RELEASE
4.			I HAVE READ THIS RELEASE
5.			I HAVE READ THIS RELEASE
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14.			I HAVE READ THIS RELEASE
15.			I HAVE READ THIS RELEASE
16.			I HAVE READ THIS RELEASE
17.			I HAVE READ THIS RELEASE
18.			I HAVE READ THIS RELEASE
19.			I HAVE READ THIS RELEASE
20.			I HAVE READ THIS RELEASE

By entering your name below, as manager, you are certifying that this roster does not include any *assumed names* and that each player conforms to the *eligibility* governing CSA and ASA Softball. Further, the manager agrees that the team will not take the field using a player *not listed* on the roster.

MANAGERS SIGNATURE REQUIRED _____ DATE _____

(SEE REVERSE SIDE)

SEVERE WEATHER POLICY

In the event of severe weather and the sirens being sounded, all games at Gerrard Park will be called and rescheduled. In the event that the sirens are sounded earlier in the day, the local radio stations will be making an announcement from the weather service as to the weather situation.

LEAGUE FEES:	MEN'S & MIXED	\$250
PLAYER'S TAX:	ALL TEAMS	\$ 75
CONCESSION BOND:	ALL TEAMS	\$ 100

NOTE: Your team has the option to work or not work the concession stand one night during the season. If you check the "YES" box below, your \$100 will be returned to your team 1 week after you complete your shift. If "NO", the \$100 will not be returned.

YOUR CONCESSION STAND BOND CHECK WILL BE CASHED.

WILL WORK CONCESSION STAND: (CHECK ONE) YES NO

TOTAL AMOUNT ENCLOSED: (CHECK ONE) **\$425 MEN'S/MIXED**

CHECK OR MONEY ORDERS ONLY!! CASH WILL NOT BE ACCEPTED!!

(Make checks payable to Columbus Softball Association or CSA.)

NO REFUNDS **\$25.00 CHARGE ON ALL RETURNED CHECKS**

COMPLETED ROSTER AND APPLICABLE LEAGUE FEES MUST BE POSTMARKED BY Friday, APRIL 12TH, 2019 AND MUST BE MAILED TO THE FOLLOWING ADDRESS ONLY:

Columbus Softball Association
c/o Chuck Fleeman
PO Box 253
Columbus, NE 68602

TEAM ROSTERS POSTMARKED AFTER Friday, APRIL 12TH, 2019 WILL BE ASSESSED A \$25 LATE FEE WHICH MUST BE PAID BEFORE THE TEAM ROSTER IS ACCEPTED. LATE ROSTERS WILL NOT BE ACCEPTED IF THEY ARE NOT RECEIVED BY Sunday, 7:00p.m., APRIL 14TH, 2019. ABSOLUTELY NO EXCEPTIONS!

ADULT LEAGUE INFORMATION

THE FOLLOWING NIGHTS OF THE WEEK ARE WHEN EACH LEAGUE WILL PLAY A MAJORITY OF THEIR GAMES. THERE ARE NO GUARENTEES AND NIGHTS OF THE WEEK ARE SUBJECT TO CHANGE DEPENDING ON THE SIZE OF THE LEAGUES.

MONDAYS – NO LEAGUES TUESDAYS – MEN'S D DIVISION WEDNESDAYS – MIXED D, E & E REC DIVISIONS
THURSDAYS – NO LEAGUES FRIDAYS – MEN'S E AND E REC DIVISIONS (THURSDAYS AS NEEDED)

RESCHEDULING GAMES

Rescheduling of regular season games must be done prior to June 15th, 2019. NO GAMES can be rescheduled after June 15th, 2019. NO EXCEPTIONS! Each team will only be allowed to reschedule three (3) games prior to June 15th, 2019. The name, address and phone number of the CSA Rescheduler will be printed in the CSA Schedule book given to each team at the beginning of the season.