

# ISSA/ISF OFFICAL ROSTER

RB Thomas, Jr.      ISSA  
 Executive Director    9114 I-Beam Lane  
 (703)368-1188        Manassas, Virginia 20110

\_\_\_\_\_

Date

\_\_\_\_\_

Team Name

\_\_\_\_\_

Age and Rating

\_\_\_\_\_

City and State

**TEAM MANAGERS AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING**

In consideration for being permitted to participate in ISF and/or ISSA senior tournaments, I hereby agree for myself, successors, heirs, and assigns, to release and forever discharge the International Softball Federation (ISF) and the International Senior Softball Association, Inc. (ISSA), their employees, officers, directors, and volunteers from all claims, actions, or judgments I may have or claim to have against the ISF and ISSA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the ISF and/or ISSA tournament. I further agree to indemnify and hold ISF/ISSA harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the ISF/ISSA tournament and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree to voluntarily assume any and all risks inherent to participation and agree to abide by all rules and regulations established for the ISF and/or ISSA tournament. I further agree that my photographs, pictures, slides, or movies taken or made by the ISSA, their employees, officers and directors, in connection with my participation in the ISF/ISSA tournament or any reproduction of the same, as well as my name, may in any manner be used by the ISF/ISSA, or by any person, corporation or association authorized by ISF/ISSA. Fighting, drunk and disorderly conduct and disobeying park rules should be cause for dismissal from the park. I am in good health and have no physical condition that would prevent me from participating in the ISF/ISSA tournament. I the undersigned have read and understand the foregoing release.

**PLAYERS - PRINT INFORMATION AND AFFIX SIGNATURE**

	PRINT NAME	ADDRESS, CITY, STATE, ZIP	DATE OF BIRTH	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**PLAYERS - PRINT INFORMATION AND AFFIX SIGNATURE**

	PRINT NAME	ADDRESS, CITY, STATE, ZIP	DATE OF BIRTH	SIGNATURE
13				
14				
15				
16				
17				
18				
19				
20				

Manager's Affidavit: To the best of my knowledge, I guarantee the above players signed the roster in my presence and the information is factual. We further agree to play and abide by the ISSA/ISF rules and policies. All rosters must be signed by the player.

_____	_____	_____
Manager's Name	Manager's Signature	Address, City, State, Zip
_____	_____	_____
Team Name	Contact Number	Team Email Address(REQUIRED)