



USSSA Eastern PA/NJ Guest Player Form 2017 Season

Manager First Name * Adam
Manager Last Name * Puzio
Manager Email * adam@puzio.me
Manager Cell Phone * 610-704-8821
Team Name * Explosion 14U-Puzio
Team USSSA Registration Number * 91725014217
Team Registered Age * 14&Under
Team Registered Class * B
Player Name * _____
Player Registered Team * _____
Player Registered Age Group * _____
Player Registered Class * _____
Players Birthdate * _____
Players Primary Position * _____
Age Level Playing this event * _____
Class Level Playing this event * _____
Date Of Event * _____
Event Location City * _____
USSSA Event ID * _____
Reason For Player Pickup * _____

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the 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, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any 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 UNITED STATES SPECIALTY SPORTS ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the 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 THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENTS/GUARDIANS SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____

Approval:

State Director

Date

Time

*Indicates required field

- Completed form must be received in the State USSSA office by 5pm the Thursday before the tournament.
- Complete all field and email to jeff.kittle@ussa.com or fax to 484-224-5550