



## 2017 MSF YOUTH BASEBALL PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND OFFICIAL TEAM ROSTER



**Team Name:** 
**Age:** 
**Division: (AAA or AA)**

**Team Coach:** 
**Phone H:** 
**W:** 
**C:**

**Address:** 
**City:** 
**Zip:** 
**Email:**

**PARENT/LEGAL GUARDIAN STATEMENT:** Each shall read the following statements before signing the roster. I am a member in good standing of the above team and I am eligible under local sports community and MSF eligibility rules to compete with this team in local sports community and MSF tournament play. I understand that my signature may appear only on one tournament roster in the same age division. I agree to abide by the rules and regulations established for local community and MSF play.

**HOLD HARMLESS OF LIABILITY:** I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the baseball team indicated above. 2. I understand that there are certain risks and hazards involved in participating in baseball that may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment and other participants. 3. I understand that the very nature of the game of baseball is hazardous and risky, including, but not limited to, the acts of running, sliding, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other persons. Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team: 1. I voluntarily elect to accept and assume all risks of injury or suffered by me (a) while practicing or playing as a member of the team so designated (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by both players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team for practice and play. 2. I release, discharge and agree not to sue the team designated above, the facility owner or other entity designated above, the Minnesota Sports Federation, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, Minnesota Sports Federation for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Player's Name	Player's Signature	Parent's or Legal Guardian's Signature	Residence Address	City	Zip	School	Grade in Fall	Birthdate M / D / Y	Uniform Number
1.									
2.									
3.									
4.									
5.									
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17.									
18.									

**Statement of Team Coach:** I hereby verify that each player appearing on this MSF tournament roster qualifies under the eligibility rules outlined in the MSF program guide. I understand that a violation of MSF eligibility rules will result in automatic disqualification of the team and may result in the probation and/or suspension of our sports community from future MSF participation.

\_\_\_\_\_  
Team Coach's Signature

**\*ROSTER MUST ACCOMPANY REGISTRATION\***

(After completing this roster, make several copies for your files)

**\*TEAM COACH CHECKLIST FOR TOURNAMENT PLAY\***

- \*Signatures of all players and parents/guardians must be on this official tournament roster
- \*Players appearing on this official tournament roster shall be prepared to prove their eligibility upon request of an MSF tournament representative.
- \*Age/Grade verification requirements can be found in the current Youth Baseball Guidebook

**All of the above must be met at team check-in and throughout tournament play.**