SOFTBALL OFFICIAL TEAM ROSTER – Please print, fill out and send back.
If you need more player space please make copies of this pages.
Tournament Date = Sunday, September 16, 2018

Berthoud Area Chamber of Commerce

Team Name:			Division:		
Manager Name:		Home/Cell Phone:		Business Phone:	

Informed Consent & Release

Important, this is a Legal Document, READ CAREFULLY

Each of us, as adults, being the undersigned players and/or coaches, fully understand and accept the fact that there are inherent risks, both anticipated and unanticipated, related to the game of softball. I assume responsibility for those risks to me personally and to my property and in consideration of being allowed to participate I acknowledge, agree and understand that while participating in this program, I do so at my own risk. I also agree and do hereby agree to indemnify, release and forever discharge the Berthoud Area Chamber of Commerce, the Thompson R2J School District, the Town of Berthoud and its Parks and Recreation Department, and all their officers, agents and employees from any and all liability and/or damages arising out of injury or loss which I may sustain relative to my participation and/or observation of this activity. I have READ and fully understand the policies as established and do hereby agree to abide by those policies. Photo Permission: I, the participant, do hereby grant permission for pictures to be used in publicity for the Berthoud Area Chamber of Commerce. Must be 16 years of age or older. Under 18 years of age must have parent's signature consent.

Players Name (Please Print)	Phone Number	Email Address (please print)	Birth Date	Signature of Participant or Guardian	Date