WAHOO OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

20___ WAHOO OFFICIAL CHAMPIONSHIP ROSTER _____

TEAM NAME CITY & STATE DIVISION

I here by waive all claims against the Wahoo Softball Organizers and it's staff, and associated sponsors, including all sports complexes and their personnel for any injury that I might incur during these softball tournaments. I here by attest that I am physically fit and sufficiently prepared for competing in these events.

* By initialing in the column below, you acknowledge that you have read and that you understand each of the provisions in this waiver and release of liability and idemnification agreement and agree to abide by them.

PRINT OR TYPE PLAYER'S NAME	D.O.B.	PLAYER OR PARENT/GUARDIAN SIGNATURE	BONIFIDE RESIDENCE (Street, City, State, Zip)	EMAIL ADDR. (OPTIONAL)	INITIALS*
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