



# Southern California Senior Softball Association

TOURNAMENT DATE:

TOURNAMENT FEE:

TOURNAMENT LOCATION:

**See tournament flyer for instructions for the entry fee:** [www.socalssa.com](http://www.socalssa.com)

TEAM NAME:	AGE: 50 55 60 65 70 75	LEVEL: AA AAA Maj. Maj. +	DIVISION: Men Women Coed
MANAGER	PHONE:	EMAIL:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

**SCSSA SENIOR SOFTBALL PROGRAM RELEASE, HOLD HARMLESS & INDEMNITY AGREEMENT**

I, the undersigned, fully understand that participation in the game of **softball** is a dangerous activity which exposes me to the risk of personal injury, death, and damage to my property. I hereby agree to assume any and all such risks. In consideration for being permitted to participate in the **SCSSA** I hereby agree for myself, my heirs, administrators, executors, and assigns to release, hold harmless and indemnify the **SCSSA**, its officers, employees, agents, representatives, umpires, and volunteers from any and all liability, claims, and actions for any injury, death, or damage to personal property arising out of or in connection with my participation in the **SCSSA Softball Program** from whatever the cause including the active or passive negligence of the **SCSSA**, its officers, employees, agents, representatives, or volunteers. I have carefully read this release, hold harmless and indemnity agreement and fully understand its contents. I understand that it is a full release of all liability and sign it of my own free will. I the undersigned, also understand that I must sign this agreement prior to my participation in the **SCSSA Softball Program**.

	FIRST NAME	LAST NAME	SIGNATURE	ADDRESS	STATE	ZIP	PHONE NUMBER			
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**No player shall be added to the roster after 1<sup>st</sup> game starts...with out approval of the tournament director**