AMERICAN FASTPITCH ASSOCIATION (Slow Pitch Division)

Official Roster and Liability Release

Team Name _____ Class _____ Div. _____ AFA Membership # _____

I have read this release and waiver of liability for the American Fastpitch Association (AFA) and in consideration of being allowed to participate in any way in AFA related events and activities, the undersigned agree to not hold liable the association, directors, schools or parks where softball/baseball events are to take place. In case I am injured during practice/ games on premises I give up my right to file a claim(s against the AFA. I understand that I have given up substantial rights by signing this form and I have signed it freely and voluntarily.

Manager's Name _____ Email _____ Phone # _____ Cell # _____

Address _____ City _____ State _____ Zip _____ Signature _____

Player Name	Birth Date	Address	Signature

Coach Name	Coach Signature	Email	Phone