

**Kiwanis of Lumpkin County 2010 Annual Benefit
Coed One-Pitch Softball Tournament**

KIWANIS ROSTER FORM

Registration # _____

Team Name: _____

Manager Name: _____

Manager Address: _____

Manager Phone: _____

Manager Phone: _____

Manager Email: _____

PLEASE READ BEFORE SIGNING In consideration of being allowed to participate in any way in the Kiwanis of Lumpkin County 2010 Annual Benefit Coed One-Pitch Softball Tournament, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions of participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE Kiwanis of Lumpkin County 2010 Annual Benefit Coed One-Pitch Softball Tournament, their officers, officials, agents, and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE PLAYERS NAME TEAM MANAGER'S AFFIDAVIT- I, the manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge and that all of the players signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the Kiwanis of Lumpkin County 2010 Annual Benefit Coed One-Pitch Softball Tournament in accordance with the Kiwanis of Lumpkin County 2010 Annual Benefit Coed One-Pitch Softball Tournament and ASA rules governing that sport.

MANAGERS SIGNATURE: _____

DATE: _____

SIGNED: _____

director@lckiwanis.org

Kiwanis of Lumpkin County Annual Benefit Coed One-Pitch Softball Tournament Director