REGISTRATION NUMBER	
TEAM NAME -- LOCATION	
MANAGER NAME / PHONE ADDRESS	
CLASS	
DATE FROZEN	

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the UNITED STATES SPECIALTY SPORTS ASSOCIATION athletics/sports program, 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 THE 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 for 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 UNITED STATES SPECIALTY SPORTS ASSOCIATION, 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 OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYERS NAME	DATE OF BIRTH	PLAYERS ADDRESS	CITY STATE ZIP	PLAYER SIGNATURE

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 USSSA Program in accordance with the USSSA rules governing that sport.

IMPORTANT - Each player must have in their possession acceptable photo ID at all times in case of player protest.

MANAGER'S SIGNATURE: _____ DATE: _____

USSSA DIRECTOR'S APPROVAL - The above team is registered with the USSSA and has qualified to participate in this event.

SIGNED: _____
USSSA STATE SPORTS DIRECTOR