

**Central California ASA  
Individual Player Registration Form  
(Winter Registration Only)**

***ASA official waiver and release of liability and indemnification form***

I, the undersigned player acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the Central California ASA (CCASA). 2. I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding and catching the ball, swinging the bat, running, stretching, sliding, diving and collisions with other players and/or stationary objects, all of which can cause serious injury or death to me and to other players.

Further I agree that in consideration for the right to play as a member CCASA and in the consideration for permission to play on the field arranged for by the team or league; 1. I voluntarily elect or accept and solely assume all risks of damages, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non playing capacity as a team member or observing during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2. I release, discharge and agree not to sue the other team and or league designated above or any owner or leases if fields on which softball is played or practiced by my team or the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I further agree that I shall hold harmless and fully indemnify the parties hereby released from any action made by me, through me or my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released.

**I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

Player Information

Last Name:

First Name:

Street Address:

City:

State:

Zip:

Phone:

DOB:

Team Name:

Parent/Adult Player Signature: \_\_\_\_\_ Date:

**Send with check for \$15 to:  
CCASA  
6155 Conejo Rd.  
Atascadero, CA 93422-1826**