

# Mesquite Senior Games and CAN/AM Softball

## Team Roster, Waiver and Release of Liability

Team Name: \_\_\_\_\_ Class: \_\_\_\_\_ Age Div: \_\_\_\_\_  
 Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Event/Name of Tournament: \_\_\_\_\_

**Team Manager and All Players Please Read and Acknowledge by Signature Below; Waiver and Release of Liability:** I understand that participation in Mesquite Senior Games/Senior Softball (MSG) involves risk of damage, injury, illness or death from a wide variety of hazards typical to events contested. I certify that I am capable of safely engaging in the events in which I am entering, and that I am aware of the dangers involved and I will take appropriate measures to avoid those dangers. I agree to inspect facilities and equipment in use, and if unsafe, to notify the event supervisor and refuse to participate. MSG officials or their designated medical staff have my permission to provide emergency medical treatment if needed. I understand that the costs of medical care and evacuation are my responsibility. In consideration of the above, I fully assume all risks of damage, illness, injury or death I may suffer as a result of participation in the MSG (including travel and any MSG related activity) or as a result of the negligence of any of the Releasees identified below. I voluntarily waive any rights, claims and causes of action I have or may have against the following Releasees: Frank Pati, Mesquite Senior Games Inc., The State of Nevada, Clark County, The City of Mesquite, Sun City Mesquite, MSG officials, volunteers, sponsors, contractors, suppliers and governmental and private agencies whose property or personnel are used. I understand and waive my right to bargain for different waiver of liability terms. The forgoing release is binding on me personally, as well as upon my heirs, executors, administrators, personal representatives, successors and interested persons who may make claim on my behalf. I warrant that statements made herein are true and correct and understand that Releasees have relied on them in allowing me to participate. My name and image may be used in any MSG or sponsor related media without compensation. I understand that entry fees are non-refundable and non-transferable.

#	Print or Type Player's Name	Player's Signature	DOB	Street Address, City, State, Zip	Home Phone	Shirt
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