

BASL USSSA - ADULT LEAGUE REGISTRATION FORM

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in BASL SOCCER's 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 certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself; and I further certify that I have no medical physical conditions which could interfere with my safety in the activity, or else I am willing to assume and bear the costs that may be created, directly or indirectly, by any such condition; and,
3. 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,
4. 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,
5. 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.

Player Signature: X _____ (PLAYER MUST SIGN!)


Date: _____ (today's date of signature)

Player Information	Field Marshal Fill-out:
Name	Field Marshal Initials:
Date Of Birth: MM/DD/YY	Amount Received:
e-mail:	Type of Funds (please Circle): Cash / Check
Phone:	Name on Check (if different):
Zip Code:	
Team Name:	

(portion above tear line is for BASL Registration & Accounting records)



(Player Receipt)

	Amount Received: _____ Date Received: _____ Player Name: _____	Signature of BASL authorized Person who received Funds: _____ Field Location Received: _____
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