



**Ellisville Athletic Association
Slow Pitch Softball**

Team Roster and Release Form

I RELIEVE, THE ELLISVILLE ATHLETIC ASSOCIATION OF ANY RESPONSIBILITY FOR ANY INJURIES WHICH MAY OCCUR EN ROUTE TO, BEFORE, DURING, AFTER, OR EN ROUTE FROM, THE SLOW PITCH SOFTBALL GAMES PLAYED AT THE ELLISVILLE ATHLETIC ASSOCIATION FIELD. I UNDERSTAND THE EXPOSURE TO INJURY FROM PLAYING SOFTBALL AND I UNDERSTAND THAT ELLISVILLE ATHLETIC ASSOCIATION DOES NOT PROVIDE INSURANCE COVERAGE.

TEAM ROSTER AND RELEASE SIGNATURE

PLAYERS NAME (PRINT)	SIGNATURE (REQUIRED)	ADDRESS	PHONE #
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