



Summer 2024 Columbus Adult Softball League

Circle League: Men's D/ Men's E/ Men's E Rec/ Mixed D/ Mixed E Rec

*****Note to Coed: if you played in the upper bracket last summer during tournaments, you must register for Mixed D**

If your team won Silver Bracket-you must register for Mixed D.

Team Name: _____

Team Manager: _____ **Phone: H** _____ **W** _____

Address _____ **City** _____ **Zip** _____

Primary Contact Email (Mandatory) _____

Read before signing

In consideration of being allowed to participate in any way in the Adult Softball League and the USA Softball of Nebraska athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death, and while rules, equipment, and personal discipline may reduce risk, both known 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 full responsibility for my participation; and:
3. I willingly agree to comply with the state customary terms and conditions for participation. If however I observe an 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 City of Columbus and USA Softball of Nebraska, USA Softball, and their officers, officials, agents, and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of 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 I have given up substantial rights by signing it, and sign freely and voluntarily without any inducement.



Columbus Parks and Recreation

402-562-4234 | parksandrec@columbusne.us

Type Name	Driver's License Number (Required)	D.O.B (MM/DD/YYYY)	Player Signature (Required)
1.			
2.			
3.			
4.			
5.			
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20.			

By entering your name below, as manager, you are certifying that this roster does not include any assumed names and that each player conforms to the eligibility governing the Adult Softball Program and USA Softball of Nebraska. Further, the manager agrees that the team will not take the field using a player not listed on the roster.

Managers Signature Required _____ Date _____