



SOFTBALL TEAM ROSTER

I DO HEREBY, EXECUTORS & HEIRS, RELEASE MIDWEST SPORTS COMPLEX, MWCC INC, THEIR OFFICERS, OFFICIALS, SPONSORS, AND REPRESENTATIVES FROM ALL CLAIMS OR DEMANDS PRACTICES, OR EVENTS AT MIDWEST SPORTS COMPLEX AND OTHER SITES. I ASSUME ALL LIABILITY FOR ANY AND ALL OF THE ABOVE INJURY OR DAMAGE THAT MAY RESULT FROM THE USE OF MIDWEST SPORTS COMPLEX AND OTHER TOURNAMENT SITES. I FURTHER AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MIDWEST SPORTS COMPLEX, AND MWCC INC. I AGREE TO ALL OF THE ABOVE BY SIGNING BELOW.

	PRINT PLAYERS NAME	PLAYER'S SIGNATURE	ADDRESS	PHONE #	EMAIL ADDRESS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

MIDWEST SPORTS & SOCIAL COMPLEX

SPONSOR NAME: _____
 TEAM NAME: _____
 MANAGER'S NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 HOME#: _____ WORK #: _____

MANAGER'S AGREEMENT: I AGREE THAT THIS ROSTER WILL BE SIGNED BY ANY PLAYER WHO PLAYS FOR MY TEAM. ADDITIONALLY I AUTHORIZE MWCC INC TO CHARGE MY CREDIT CARD FOR ANY UNPAID BLANCE BY THE 3RD WEEK OF LEAUGE PLAY.

MANAGER'S SIGNATURE: _____