

Montana Senior Olympic Softball Games
July 13, 14, 15, 2012
Kalispell, Montana Softball Tournament Team Roster
Accident Waiver and Release of Liability

Team Name _____ Age Division _____
 Manager _____ Phone #1 _____ #2 _____
 Mailing Address _____ Signature _____

Softball Teams Contact: Jim Valentino: 14045 Pine St. Bigfork, MT 59911
(406) 837-9994
or

Kay Newman: 406-586-5543, or www.montanaseniorolympics.org.

Fees: \$300 per team (only if wanting to qualify for the National Senior Games in Cleveland in 2013)

For being allowed to participate in the Montana Senior Olympics (MSO), the undersigned participant agrees to all of the following: to inspect facilities and equipment in use, and if unsafe, to notify the MSO Supervisor and refuse to participate. He/she acknowledges that each participant will engage in activities that involves risks and accepts personal responsibility for all possible consequences including death or injury; agrees not to sue MSO, its officials, representatives, sponsors and participants for death, injury or damage to property caused, or allegedly caused, in whole or in part by negligence of the release. He/she is in good health and condition and has contacted their physician to learn this fact. MSO officials or their designated professionals have permission to provide emergency medical treatment if needed..

Players Name:	Signature	DOB	Mailing address/city/state/zip	Phone#:
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