MIDDLESEX COUNTY RETIREMENT SOFTBALL LEAGUE

TEAM REGISTRATION FORM

TEAM NAME _____

MANAGER _____

STREET ADDRESS_____

TOWN_____ZIP_____

HOME PHONE #_____E-MAIL_____

STATEMENT OF DISCHARGE OF LIABILITY

I sign this form as my Voluntary Act and by this Act I agree to exclude the Middlesex Retired Softball League and all its officers and league officials from any claims, suits or other actions arising from, caused by or which are the alleged result of any Act or omission by the league. I agree to participate in league play in the Middlesex Retired Softball League at my own risk and any injuries, which I may incur, will be paid for through my own personal medical plan, or my own personal funds. This statement remains in effect as long as I participate in the Middlesex County Retired Softball League or until I submit a written request to void this Statement of Discharge of Liability.

LEGAL SIGNATURES (ALL TEAM MEMBERS MUST SIGN)

DATE: _____

#	Player's Name	Legal Signature
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