

United States Sports & Fitness Association

2009-2010 USSFA * OFFICIAL TEAM ROSTER *** TEAM NAME: _____**

Release of Liability and Parent/Guardian Consent:

In consideration of accepting this application and for permitting the athlete to participate in activities organized by United States Sports & Fitness Association (USSFA), the athlete and parents/guardian acknowledge that such activities (games, team practice, travel tournaments and so forth) expose the athlete to the risk of injury, loss or death and the athlete and parent/guardian do hereby **Release, Discharge, Hold Harmless and Agree Not to Sue or Seek Recovery** from the USSFA or the directors, officers, employees, volunteers, coaches and officials of either organization, or from the facility, where the activities take place, and the employees, agents and representatives of such facility, from any such claim arising from an injury, loss or death of the athlete from such activity. This release of liability includes, but not limited to, the 2009-2010 United States Sports & Fitness Association.

Player Name	Parent/Guardian Signature
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MAKE CHECK PAYABLE TO: USSFA
Mail To: **USSFA**
 P.O. BOX 3953
 Indianapolis, IN 46239

Team & Card Membership Fees:
 \$5.00 per Team Membership
 \$10.00 per Coach & Bench Personnel
 \$10.00 per Athlete