

# 2009 Central & Western PA Player Release Form



Before this form can be validated.

1. It must be filled out completely and signed by all request parties;
2. It must be received in the State Youth Office on or before Thursday prior to a weekend's event;
3. It must be accompanied by the \$15 player transfer fee, made payable to **USSSA of Central PA** and delivered to State Youth Office, **434 Baltimore Street, Hanover, PA 17331**. This fee will go into the local USSSA Scholarship Fund;
4. The player must return all teams uniforms, equipment, etc, as outlined in the USSSA Roster Procedures.

I, \_\_\_\_\_, hereby request my unconditional release  
(Print Player's Name)  
from the roster of \_\_\_\_\_, which is currently classified  
(Old Team Name)  
as \_\_\_\_\_ (A, B or None). I will now be playing for \_\_\_\_\_.  
which is currently classified as \_\_\_\_\_ (A, B, or None).

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Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Birthdate \_\_\_\_\_ Player's Phone No. \_\_\_\_\_

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Address \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Old Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Youth Director: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, the player and parent/guardian agree to the following:

In consideration of being permitted to participate in the USSSA we hereby agree for ourselves, successors, heirs and assigns, to release and forever discharge the United States Specialty Sports Association, Inc. (USSSA.) their employees, officers and directors from all claims, actions or judgments we may have or claim to have against USSSA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of our participation in the USSSA, either leagues or tournaments. We further agree for ourselves, successors, heirs and assigns to indemnify and hold USSSA harmless from all claims and suits for personal injuries, including death, damages to property caused by our act of omission arising out of our participation in the USSSA and from all judgments recovered and from all expenses incurred in defending said claims or suits. We further agree that our photographs, pictures, slides or movies taken or made by USSSA their employees, officers and directors, in connection with our participation in the USSSA, either leagues or tournament, or any reproduction of the same, as well as our name, may in any manner be used by USSSA or by any person, corporation or association authorized by USSSA. The player is in good health and has no physical condition that would prevent her from participating in USSSA events.