PUSHING HOPE Annual Marine Industry Charity Softball Tournament

Team Roster and Waiver

TEAM NAME _____

MANAGER _____ **COACH** _____

BUSINESS PHONE _____ **BUSINESS PHONE** _____

CELL PHONE _____ **CELL PHONE** _____

In consideration of being able to participate in the 2019 ***PUSHING HOPE*** **Annual Marine Industry Charity Softball Tournament**, to be held on August 16 & 17, 2019 (& 18 if necessary), at the Kirkwood Athletic Association, I hereby agree for myself, successors, heirs and assigns, individually and jointly waive and release all rights and claims against Mary Crowley Cancer Research, Kirkwood Athletic Association, Ceres Consulting, LLC, its affiliates, subsidiaries, agents, employee, servants, officers and directors from all claims, actions or judgments I may have or claim to have as a result of my participation in this tournament. In signing this roster, I understand that I will be playing at my own risk.

TEAM PLAYER	*PLAYER'S SIGNATURE*	*EMPLOYER*