**Las Vegas Senior Softball Association, Inc.**

**Manager Agreement Form**

**As manager or representative of my team, I agree to make my players aware of LVSSA’s Rules of Conduct, requirements of play and following conditions. If any player does not agree with these conditions, I will not allow them to participate in any team event and notify Tournament Committee Chairman immediately. I understand non-compliance may result in forfeiture of team monies.**

1. ***Release* (Injury to Player or to Personal Property) we waive any and all claims for ourselves and our heirs and hold harmless Las Vegas Senior Softball Association, Inc., Its Board of Directors, Officers, members, agents or employees from and against any and all loss of liability, charges and expenses (including attorneys’ fees) and cause of whatever character which may arise by travel to and from, and participation or preparation in Las Vegas Senior Softball Association, Inc. related events.**
2. ***Player Responsibility for Procuring Insurance* We are fully aware Las Vegas Senior Softball Association, Inc. does not carry, or provide, any medical insurance for any participants or spectators and that we are solely responsible for procuring our own insurance.**
3. ***Assumption of Risk* I/we recognize that we assume all risks involved arising from our participation and we knowingly undertake the inherent risks of sport.**
4. ***Softball Skills and General Health* I/we am familiar with skills required and general health requirement to participate in softball events and I am satisfied we meet requirements.**
5. ***LVSSA Team Requirements* I am aware of all requirements put forth by Las Vegas Senior Softball, Inc. its officers and board of directors and vow to comply and uphold standards of club**

**Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Managers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Managers Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

ManagersAgreementForm.word (Updated July 28. 2017)