



## Sarasota Co-Ed Softball League

Please email completed rosters to [SarasotaCoedBall@gmail.com](mailto:SarasotaCoedBall@gmail.com)

Team Name:	
Night Played:	
Manager:	
Phone #:	

### Release of Liability & Assumption of Risk

Participants assume all risk of injury or damage and agree to hold harmless Sarasota County, the Sarasota Co-Ed Softball League, and all related entities. Participation involves risk of serious injury or death. Participants knowingly and freely assume all such risks, even if arising from negligence, agree to follow all rules, and release the league and its affiliates from all related claims.

### Player Roster (12)

#	Print Name	Phone	Signature	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Payment due by January 15. Please send Zelle to [sarasotacoedball@gmail.com](mailto:sarasotacoedball@gmail.com)

or

Mail check payable to "Sarasota Coed Softball" to 2286 Hibiscus Street, Sarasota, FL 34239