



# Independent Sports Association Official Roster



|           |                |                           |      |
|-----------|----------------|---------------------------|------|
| Team Name | Coaches Name   | Coaches Email (mandatory) | Year |
| Address   | City and State | Zip                       |      |

Team Manager and Players read the following statement before completing and signing. In consideration of being permitted to participate in the ISA, I hereby agree for myself successors, heirs and assigns, release and forever discharge ISA, their employees, officers and directors from all claims, actions or judgements I may have or claim to have against ISA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the ISA leagues or tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold ISA harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the ISA and from all judgements recovered and all from all expenses incurred in defending said claims or suits. I further agree to my photographs, pictures, slides and movies taken or made by ISA, their employees, officers and directors, in connection with my participation in the ISA leagues or tournaments, or any reproduction of the same, as well as my name, may in any manner, be used by ISA, or by any person, corporation or association authorized by ISA. I am in good health and have no physical condition that would prevent me from participation in ISA events. I, the undersigned, have read and understand the foregoing release.

**Team Manager Affidavit:** By signing this affidavit I accept any and all legal responsibilities that might arise from a player on my team that has not signed the roster. **Manager Name:**

**Coach/Manager Phone #:** \_\_\_\_\_ **Print** **Sign**

|    | Print or Type Player Name | Player/Guardian Signature | Email | State | Date of Birth |
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