Queen OF Diamonds
2027 Tournament

Team Participation Waiver & Roster Form

I, the undersigned coach or authorized team representative, acknowledge, agree, and understand that:

1. I am voluntarily entering the softball team identified below into the tournament and activities associated with this event.

2. I understand that participation in softball involves inherent risks and hazards that may result in serious injury, illness, or death to players, coaches, spectators, or others, including but not limited to risks associated with weather conditions, playing surfaces, equipment, and other participants.

3. I understand that certain softball activities, including sliding into bases, can be dangerous and may result in serious injury.

4. I acknowledge that the nature of softball includes inherent risks associated with pitching, throwing, fielding, catching, batting, running, jumping, stretching, sliding, diving, and collisions with other players, equipment, or stationary objects, all of which may result in serious injury or death.

In consideration for the team's participation in the tournament and for permission to use the fields and facilities arranged by the Tournament Director, Oconto Falls School District, Oconto Falls Youth Baseball and Softball (OFYBS), or other designated entities, I further agree that:

1. The team voluntarily accepts and assumes all risks associated with participation in tournament games, practices, warm-ups, team activities, and use of tournament facilities by its players, coaches, and team personnel.

2. I understand the importance of recognizing the signs, symptoms, and behaviors associated with concussions and head injuries. I agree that any player suspected of having sustained a concussion or head injury will be immediately removed from participation and will not return to play until cleared in accordance with applicable medical and tournament requirements.

3. To the fullest extent permitted by law, I, on behalf of the team organization, release, discharge, and agree not to bring claims against the Tournament Director, Oconto Falls School District, Oconto Falls Youth Baseball and Softball (OFYBS), field owners, facility operators, and their respective officers, directors, employees, volunteers, agents, representatives, and affiliates for claims arising out of injuries, damages, losses, or liabilities resulting from participation in tournament activities, except where prohibited by law.

4. I certify that I am the authorized coach or representative of the team and that I have communicated tournament rules, safety requirements, and concussion protocols to the players and parents/guardians associated with the team.

COACH AGREEMENT

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Team Name:		**Age Group:**	
Coach Name:		**Cell:**	
Coach Signature:		**Date:**	

TEAM ROSTER

Name of Player	Jersey #	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		