



GSC Co-ed Softball League

Liability Waiver & Sign Up Sheet

Summer, 20__ Season

Team Name/ Department: _____

Manager Name/eMail: _____

*I, the undersigned, understand that participation in this league is entirely voluntary and that neither GSC nor Michigan Tech is liable for any personal injury and/or damage to (or loss of) personal property. **Note:** No team may be composed of more than 50% "other"-category players.*

Name	Signature	Grad. Student	Fac/Staff	Other
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>