

# 3M Fall Softball League Registration

Registration ends **July 20** or when league fills

Fall Softball season starts week of Aug. 20      MSF-NSF Sanctioned / Umpires  
Play 5 weeks of double headers, no playoffs      All games played at McKnight Fields  
Play times at 6, 7, 8 & 9 p.m.      Balls are provided (teams to provide backup balls)

**Step 1: Select league preference**

- Co-rec Wednesday
- Men's Thursday

**Registration Fees**

\$350 for all teams with ≥6 3M Club Members  
\$425 for all teams with <6 3M Club Members

**Step 2: Fill out the appropriate section**

Registration for teams:

Team Name: \_\_\_\_\_  
Manager name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Manager email: \_\_\_\_\_ 3M Badge #: \_\_\_\_\_  
Co-manager name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Co-manager email: \_\_\_\_\_ 3M Badge #: \_\_\_\_\_

Registration for individuals looking to join a team/free agents (No payment until you're placed on a team):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ 3M Badge #: \_\_\_\_\_

**Step 3: Submit Registration Form (Page 1) and Team Roster (Page 3 without signatures) via email to [ajohnston2@mmm.com](mailto:ajohnston2@mmm.com)**

- Free agent's contact info will be sent to team managers of your league choice for possible recruitment.
- Teams are required to submit waivers of liability (Pages 2 and 3 with signatures) for both 3M and the City of North St. Paul by Aug. 24.

**Teams must submit payment:**

- Check: Payable to: 3M Club; Mail to: 3M Club, 3M Center 225-1N-20, St. Paul, MN 55144
- Credit Card: Must pay over the phone by Aug. 10; 3M Club (651) 737-5142

**McKnight Fields are located at 3rd Street & 10th Avenue East (just north of Hwy 36), North St. Paul, MN 55109**

**Questions or Comments? Please visit [3Mclub.com](http://3Mclub.com)**

3M Club Softball Commissioner: Allan Johnston, 651-737-5842, or [ajohnston2@mmm.com](mailto:ajohnston2@mmm.com), or Skype

# Team Roster & Waiver of Liability Agreement

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activity club/sports club/event

**3M Club Intramural Softball 2018**

*Description of activities which Participant will engage in*

I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND COULD RESULT IN MINOR TO SEVERE INJURY AND IN EXTREME CASES DEATH. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I release the 3M Club of St. Paul, Inc., its respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the 3M Club of St. Paul Inc., and sign it of my own free will. If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Team Manager Name (please write)

Team Manager Signature

|                    |                                  |
|--------------------|----------------------------------|
|                    |                                  |
| Address:           | 3M Employee No. (if applicable): |
| City, State, Zip:  | Your Phone Number:               |
| Emergency Contact: | Emergency Contact Phone Number:  |

