

TEAM WAIVER

This document is important, must be read in its entirety and signed by each team member (parent or guardian if participant is under 18) before athlete is allowed to participate.

MANDATORY WAIVER: In consideration of being allowed to participate in the Mother Teresa Holy Smokin' 3 v 3 Basketball Tournament or Dodgeball Tournament, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Mother Teresa Holy Smokin' 3 v 3 Basketball Tournament in any manner incidental to my participation in the Mother Teresa Holy Smokin' Jamboree 3 v 3 Basketball Tournament and without compensation to me and,
5. I, for myself, and on behalf of my heirs, assigns personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Mother Teresa Holy Smokin' Jamboree, their officers, officials, agents and/or employees, other

participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,

or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANT OF MINORAGE (under 18 at time of entry) this is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided about of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Entry form and waiver must be received by September 6 at 5 PM in order to participate.

All team members (parent or guardian if participant is 18 or younger) must sign below. Entry will not be accepted if not completed in full. Please print clearly.

Team Name: _____

1) LAST NAME: _____ FIRST NAME: _____

PHONE: _____ SIGNATURE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___ DATE OF BIRTH _____

2) LAST NAME: _____ FIRST NAME: _____

PHONE: _____ SIGNATURE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___

DATE OF BIRTH _____

3) LAST NAME: _____

FIRST NAME: _____

PHONE: _____

SIGNATURE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___

DATE OF BIRTH _____

4) LAST NAME: _____

FIRST NAME: _____

PHONE: _____

SIGNATURE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___

DATE OF BIRTH _____

5) LAST NAME: _____

FIRST NAME: _____

PHONE: _____

SIGNATURE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___

DATE OF BIRTH _____

6) LAST NAME: _____

FIRST NAME: _____

PHONE: _____

SIGNATURE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MALE ___ FEMALE ___

DATE OF BIRTH _____

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