

4th Annual D.C. Classic

Friday, March 30 thru Sunday, April 1, 2012

www.trinitydreamcenterbasketball.com

ATHLETE WAIVER / RELEASE FORM

In consideration of being permitted to participate in any way in any Trinity Dream Center tournaments / events:

1. I the participant agree and represent that I understand the nature of basketball and that I am qualified, in good health and proper physical condition to participate. I also agree that if at any time I believe conditions to be unsafe, I will discontinue further participation in the Trinity Dream Center event.
2. I fully understand that athletic activities involve risks of serious injury, permanent disability, paralysis, death, and social losses which might result not only from my actions or negligence, but the actions or negligence of others, the rules of play, or the condition of the tournament site or any of the equipment used. There may be other risks not known or foreseeable at this time.
3. I agree that the parents or a legal guardian will inspect the facilities and equipment to insure proper safety for the minor participants. If anything is believed to be unsafe, a coach or Trinity Dream Center staff person should be notified immediately of such conditions, and I the participant will refuse to participate.
4. Each participant is to be properly insured and/or pay all medical costs in the event of an injury, and in the case of an emergency must provide a contact person for each minor participant. Furthermore, I assume all risks and accept personal responsibility for damages following injury, permanent disability, or death.
5. I release, waive, and agree not to sue the Trinity Dream Center, its directors, any Trinity Dream Center staff or volunteers of the organizations, or if applicable, any owners and leasers of the tournament sites, which are all released from demands, losses, or damages on account of injury, death, or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release.
6. If injury or illness occurs while competing in any Trinity Dream Center tournament event, I authorize emergency first aid, medical treatment, medication, or surgery deemed necessary by medical personnel. I give permission for the attending medical personnel to begin treatment on my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency facility or hospital.
7. I give my permission for the participants listed below to be used in any Trinity Dream Center promotions. This includes pictures, interviews, television, and radio or film coverage during any of the Trinity Dream Center events, without compensation to me.
8. This waiver / agreement shall be binding upon the heirs, executors, and assigns of all the undersigned.

BY SIGNING THIS WAVIER, I HAVE READ AND AGREE TO THE ABOVE WAIVER AND RELEASE.
I UNDERSTAND THE TERMS STATED IN THIS RELEASE AND AM VOLUNTARILY SIGNING THIS WAVIER.

Printed Name of Participant Participant's Signature Date Birth Date

Printed Name of Parent/Guardian Parent's / Guardian's Signature Date

Coach's Name Team Name