

WAIVER / RELEASE PARTICIPATION FORM

WE (OR I) HEREBY REQUEST YOUR ACCEPTANCE OF THIS WAIVER/RELEASE REGISTRATION FOR THE 2009 COLONIAL ATHLETIC ASSOCIATION YOUTH BASKETBALL TOURNAMENT ON MARCH 7-8, 2009. IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS WAIVER/RELEASE, WE (OR I) HEREBY RELEASE ALL PERSONS ASSOCIATED WITH THE RICHMOND SPORTS BACKERS AND COLONIAL ATHLETIC ASSOCIATION FROM ALL CLAIMS AND CAUSES OF ACTION ARISING FROM INJURY TO THE PARTICIPANT IN THE 2009 COLONIAL ATHLETIC ASSOCIATION YOUTH BASKETBALL TOURNAMENT, WHETHER SUCH INJURY IS THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE. IF MEDICAL ATTENTION IS REQUIRED FOR THE INJURY OR ILLNESS WHILE PARTICIPATING IN THIS EVENT, WE (OR I) GIVE PERMISSION FOR SUCH MEDICAL CARE AND WE (OR I) WILL BE FINANCIALLY RESPONSIBLE. I ALSO GIVE PERMISSION FOR THE RICHMOND SPORTS BACKERS AND COLONIAL ATHLETIC ASSOCIATION TO USE ANY VIDEOS AND/OR PHOTOGRAPHS OF THE PARTICIPANT FOR PUBLICITY, ADVERTISING OR PROMOTIONAL PURPOSES.

* * IN ORDER TO PLAY, THIS FORM MUST BE COMPLETED AND RETURNED AT TEAM CHECK IN ON SATURDAY, MARCH 7.

NAME: _____
(PLEASE PRINT)

PHONE: _____ EMERGENCY PHONE: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____

TEAM: _____

All players must have this form filled, signed, and dated to present at team check-in on Saturday, March 7. Forms will also be available at www.sportsbackers.org