



WAIVER:

**Event Sign up sheet: Free throw, Slam-dunk, Three-point shootout
Cost \$5.00 per event**

Last _____ First Name _____
Address _____
Age: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
E-mail _____
Phone 1 _____ Phone 2 _____

Event or events you are signing up for: _____

Signature/s Required, Form must be signed prior to event so please arrive early and go to sign up table.

I have read the below and will abide by the rules and regulations and Liability Waiver.

ALL PERSONS UNDER 18 YEARS OF AGE MUST HAVE THE WRITTEN CONSENT OF A PARENT OR LEGAL GUARDIAN TO COMPETE IN THIS EVENT.

PLAYER NAME: _____ AGE: _____

In consideration for and as condition to participate in the *World Games Basketball Tournament*, I, for myself, my personal representatives, executors, heirs, and next of kin (and where applicable, for my minor child or ward and his or her personal representatives, executors, heirs, and next of kin) hereby expressly, knowingly and voluntarily assume any and all risk of injury, illness or other harm which might be claims which I may have against *World Games Basketball Tournament, Hilltoppers Academy School, Santa Clara County Fairgrounds*, event sponsors, and/or any and all their affiliates, employees, officers, directors, agents and/or any of their successors or assigns (the "Activity Sponsors"), for any and all injuries or damages of any kind whatsoever suffered by me (or where applicable, my minor child or ward) as a result of my participation (or where applicable, my minor child's or ward's participation) in this tournament.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY.

PLAYER SIGNATURE: _____ DATE: _____

IF PLAYER IS A MINOR

PARENT SIGNATURE: _____ DATE: _____

Or Guardian