BATTLE OF THE BRIDGES

"BATTLE OF THE BRIDGES"
OFFICIAL WAIVER RELEASE FORM

battleofthebridges.org
teamhoops.com
(502) 819-HOOP(4667)

Player Name:

First:

MI: Last:

Grade Level To Be: 1 2 3 4 5 6 7 8 9 10 11 12

State Playing For:

School Attending:

Name of School Head Coach:

School Coach Contact Cell Number

( ) –

Player/Parent Contact Cell Number:

( ) –

Player/Parent Contact E-Mail Address:

@ .

PLEASE NOTE All grades listed are defined as grade that they wil be entering into this coming year.

WAIVER: Every player and parent or guardian, if player is under 18 (eighteen) years of age- must read this WAIVER form.

Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this try-out and/or tournament and its related activities. I release and discharge TEAM HOOPS, Mid America Sports Center, other unnamed gym/school _____ and all event charities, all event venues, all event sponsors, all event organizers, all TEAM HOOPS workers, employess, and directors from all action, suits and demands, whatsoever in law or in equity including but not limited to: risk of injury from playing in this try-out and/or tournament, and the risk of lost property by theft or otherwise. Further, I grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recording, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any matter for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. I also authorize tournament organizers to contact me regarding this tournament and I authorize tournament organizers to contact me regarding future TEAM HOOPS events via text/e-mail/phone unless otherwise noted to same.

**Your confidentiality is important to us, therefore your private information will never be released or sold to any outside 3rd parties or organizations. Your phone number and e-mail address will only be used for communication and advertising purposes by TEAMHOOPS.COM and affiliates.

Parent/Guardian/Responsible Signature: X _____

Date: _____