



# LIABILITY WAIVER & TEAM ROSTER

I HEREBY ACKNOWLEDGE THAT, LIKE ANY COMPETITIVE SPORT, BASKETBALL CARRIES WITH IT THE RISK OF INJURY UP TO AND INCLUDING DEATH. WITH THIS UNDERSTANDING I HEREBY SPECIFICALLY RELEASE SUMMIT HOOPS, COACHES, VOLUNTEERS, AND ANY OTHER STAFF FROM ANY LOSS, COST, CLAIM, INJURY, DAMAGE OR LIABILITY, SUSTAINED OR INCURRED BY PARTICIPATION OF MY CHILD IN A SUMMIT HOOPS TOURNAMENT.

TEAM NAME: \_\_\_\_\_ COACH'S NAME: \_\_\_\_\_

PRINTED NAME	#	DATE OF BIRTH	PARENT/GUARDIAN SIGNATURE
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
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THANKS FOR CHOOSING SUMMIT HOOPS TOURNAMENTS. GOOD LUCK!