

Break the Silence of Violence



December 28-29, 2012

Glasgow, MT

Basketball Tournament 2012

As a participant in this tournament, I recognize and acknowledge that there are risks of physical injury which could occur from my participation in this tournament. I fully understand the nature and extent of all the risks. For and in consideration of my being permitted to participate in this tournament, I agree to assume full risk of any injury, damage or loss which I may sustain as a result of participation in this tournament and any activities in connection with this program. I hereby agree to waive and relinquish all claims, which I have, or may have, against the Women's Resource Center, its officers, agents, servants and employees and the Glasgow Recreation Department, Evangelical Church, St. Raphael Church and its officers, agents, servants, and employees, as a result of my participation in this tournament. In case I am injured or become ill, I consent to emergency medical care being provided to me. I have carefully read this waiver and I fully understand all parts of it.

Signature	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Team Name: _____

This is to certify that the release form has been signed by each player on the team roster **prior** to participation in the tournament.

A team captain I understand that participation in the Break the Silence of Violence Tournament will not be allowed until this waiver is signed.

Captains signature _____ Date: _____