

Break the Silence of Violence



December 28-29, 2012

Glasgow, MT

Basketball Tournament 2012

Team Name: _____

Team Captain: _____

Address: _____

Phone Number: _____

Captains Signature: _____

Registration Fees: \$350.00 before December 16, 2012 or \$375.00 after.

Please make checks, payable to the Women's Resource Center (Please NO personal checks)

Please mail checks and registrations forms to:

Women's Resource Center 114 5th St. South
Glasgow MT 59230

Or fax registration forms to: 406-228-8407

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, 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.