

Break the Silence
Of Violence
2nd Annual Men's Basketball Tournament



Registration Form
December 29th – 31st, 2011 Glasgow, MT

Team Name:

Team Captain:

Address:

Primary Email:

Phone Number:

City:

Zip:

Captain's

Signature:

**Please make \$350.00 business or Cashier's check payable to the Women's Resource Center (No Personal Checks Accepted)

**Please mail check to: Women's Resource Center, 114 5th Street South, Glasgow, MT 59230

**Please Fax registration form 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 these 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 the 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.