

Liability Waiver Form

**Break the Silence of Violence 2nd Annual Men's Basketball Tournament
Glasgow, MT December 29th – 31st, 2011**

Please read this form carefully. All players must sign and include the date. As a participant in this tournament, I recognize and acknowledge that there are risks of physical injury which could occur from my participation in the 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 tournament. I hereby agree to waive and relinquish all claims, which I have, or may have, against Glasgow's [Women's Resource Center](#), its officers, agents, servants and employees; Glasgow Civic Center, and its officers, agents, servants and employees; Evangelical Church of Glasgow 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.

Participant's 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.

Captain's Signature

Date:
