

**2019 – Snowball Shoot-Out
Roster/Waiver Information**

PERMISSION: The undersigned, as a player (if 18 years old, and I, as parent or legal guardian of the player, permit the player to participate in all activities of the Snowball Shootout tourney, including playing basketball games and to participate with/against other players in the tourney and against other teams in the players own grade/age group, and older or other grade/age groups, and to watch other games, and participate in all activities. I/We represent that the Player is of good physical and mental condition and has proper ability to adequately participate safely in all competitive athletic activities, including competitive games. If the player’s physical/mental condition changes such that the Player should not so participate, I will promptly notify the Snowball Shootout tourney director and the coach of the players team. I/We understand that activities and events in the programs and competition involve various risks of injury or loss. I/we and the player do accept or assume all of the risks of injury and otherwise, however same may be caused, to the player, and will indemnify Augustana College, Assumption High School, Beyond the Baseline, the Snowball Shootout club, the Knights Basketball Association (KBA) , and Future Lady Knights Inc (FLK) and their respective volunteers, coaches, employees and board therefrom.

RELEASE and INDEMNITY: I/We release, discharge, and agree to defend, hold harmless & indemnify, Augustana College, Assumption High School, the Snowball Shootout club, the KBA and FLK and their respective volunteers, coaches, employees and board members, and the sponsors of the tournament and the owners of facilities in which the player plays from any/all claims, causes of action and possible liability for personal, mental, physical or bodily injury, damage, harm or loss suffered by the player of the parents thereof or suffered by others because of, and which now exists, and/or hereinafter arises from all or any cause or claim, including that which is alleged to be caused, in whole or in part, by the negligence, failure, fault, omission, acts, statements or otherwise of Augustana College, Assumption High School, the Snowball Shootout club, the KBA, and FLK Inc and their respective volunteers, coaches, employees and board. This is a continuing indemnity and release of all existing & future claims that may hereinafter arise, whether known or not, including that which involves a cost, injury or damage that is not now known. This agreement is binding on us, the player and each of our respective heirs, executors and administrators.

PERMISSION to TREAT: I/We further hereby consent & authorize all Snowball Shootout volunteers to give or obtain any/all emergency medical treatment, if the player is injured. I/We understand that any/all medical costs for this player are my responsibility only, and not that of Assumption, KBA, FLK, or its coaches or board members. I represent to all concerned that I have health insurance for the player and that I will fully pay for all cost of care and treatment incurred for/by the player.

Team Name: _____ **Boys** () **Girls** () **Grade:** 3rd () 4th () 5th () 6th () 7th () 8th ()

Player Name	Light #	Dark #	Parents Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above information is correct and signed by the proper person

Coach Signature _____ **Date** _____

(If additional space is needed, please use reverse side)