

# ICEMEN BASKETBALL TOURNAMENT RELEASE AGREEMENT

\_\_\_\_\_  
Participant's Full Name

**BOTH** applicant, participant and parent/guardian (UNDERSIGNED) must read carefully, initial on lines following each paragraph and sign at the bottom.

**Notice:**

Undersigned is fully aware that basketball (ACTIVITY) as played and sponsored by ICEMEN BASKETBALL (ORGANIZATION) is a contact sport and that participating in among other events, practices, games, tournaments and camps for this sport will be a dangerous activity involving a great risk of injury. Activity includes non-basketball related events.

\_\_\_\_\_  
Player Initial / Parent Initial

**Risks Assumed:**

Undersigned understands that the dangers and risks of competing in this basketball tournament include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other parts of the muscular skeletal system, and serious injury or impairment to other parts of the body, general health and well being. Undersigned understands that the dangers and risks of contests or participating in tournament may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Undersigned understands that he or she assumes risk of injury by participating in Organizations programs.

\_\_\_\_\_  
Player Initial / Parent Initial

**Hold Harmless:**

In consideration or permitting Undersigned to take instruction and to engage in all activities related to the Icemen Basketball Program, including but not limited to practices, tournaments, or competing, Undersigned hereby assumes all the risks associated with such activities and agree to hold harmless the Icemen Basketball Program and their employees, agents, representatives, coaches and volunteers from any and all liability, actions, cause of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the Organizations program

\_\_\_\_\_  
Player Initial / Parent Initial

**Release of Liability:**

The terms hereof shall serve as a release of liability and assumption of risk on the part of the Undersigned and his or her heirs, executor, administrator, assignee, and for all members of my family. Undersigned agree that neither the Icemen Organization, nor the employees of volunteers of said Organization shall in any way be held liable for any accident or injury in any way received on account of, or while engaged in, or traveling to or from, an activity sponsored by said Organization. The Undersigned further agree that neither the aforementioned Organization nor any of its employees, volunteers or students shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries.

\_\_\_\_\_  
Player Initial / Parent Initial

**Health Statement:**

Undersigned verifies that participant listed below is in good health and is able to participate in the activity described above.

\_\_\_\_\_  
Player Initial / Parent Initial

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Emergency Phone # / Cell Phone #