

Individual Player Waiver Form Players Information

First Name:	Last Name:	Age:	
DOB (mm/dd/yyyy):	Email Address:		
Address:	City, State	, Zip:	
Mobile Telephone:	Home T	elephone:	
Emergency Contact:	Phone:	Relationship:	
Medical Information: Please wri	te any medical conditions and/or alle	ergies you think we should know	about:
Parent/ Guardian Information: (l	REQUIRED FOR ALL PARTICIPA	NTS UNDER THE AGE OF 18))
	Last Name:		
	e of all claims (MUST BE SIGNED		
permitted to participate in the G Annual HoopOut. I agree that no or prosecute GMG, and their age personal injury, or property dam child's participation in these spo	(minor child). As lawful considerating MG 1st Annual HoopOut 3v3 Tourn either myself or my minor child will ents, sponsors, building contractors, age in which myself or my minor charting activities. This release is intended.	on for myself and my minor chil- ament or any other activity at the make a claim against, sue, attack suppliers, and employees for dan ild may sustain as a result of my ded to discharge in advance GMG	e GMG 1st in the property of mages for death, self or my G, and their
negligent actions, arising out of any other activity. I ACKNOWI LIMITED TO COVID-19 AND EXPOSED TO OR INFECTED	actors, suppliers, and employees from connected in any way with mysel LEDGE THE CONTAGIOUS NATU VOLUNTARILY ASSUME THE RESTARTENDING CROWN AND TANKED HEROST REPRESENTATION OF THE PROPERTY OF	f or my minor child's participation FOR OF ILLNESSES AND DISE SISK THAT MY CHILD(REN) A THAT SUCH EXPOSURE OR IN	on in the tour or EASES NOT AND I MAY BE NFECTION
THAT THE RISK OF BECOMI RESULT FROM THE ACTION	INJURY, ILLNESS, PERMANENT NG EXPOSED OR INFECTED BY IS, OMISSIONS, OR NEGLIGENC WN EMPLOYEES, VOLUNTEERS	THESE ILLNESSES AT CROVE E OF MYSELF AND OTHERS,	WN MAY , INCLUDING,
PLAYERS, THAT SERIOUS ACTIVITIES AND THAT PAR	ERSTAND THAT SPORTS INVOLVECTION THAT SPORTS INVOLVECTION ALLY OCCUPANTS IN SUCH SPORTING TES (INCLUDING DEATH) AND/O	CUR DURING SUCH SPORTIN ACTIVITIES OCCASIONALLY	NG Y SUSTAIN
,	KNOWING THE RISKS OF PARTIC HILD AND I ASSUME THOSE RIS		

HARMLESS GMG, AND THEIR AGENTS, SPONSORS, REPRESENTATIVES AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older and that myself and my child are physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the tournament. I understand and agree that my child and I are responsible for the mechanical and/or operation condition of any and all sporting equipment provided by my child or by me for my child's use and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from GMG, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND CROWN SPORTS CENTER AND THEIR AGENTS, SPONSORS, REPRESENTATIVES AND EMPLOYEES. I HAVE SIGNED IT OF MY OWN FREE WILL.

I agree that GMG, their agents, sponsors, and employees may use my child's photograph in f	uture promotions	
Parent/ Guardian/ Player (if 18 or older) Signature:	_ Date:	_
Parent/ Guardian/ Player (if 18 or older Printed Name:		ALL
PLAYERS MUST HAVE A SIGNED INDIVIDUAL WAIVER FORM ON FILE BEFO	RE	
PARTICIPATION.		