SIGNATURE PAGE Hoop Jam TEAM NAME:____ Division: Contact Person: E-mail Address: HOOP JAM WAIVER - Every player - and their parent/guardian, if the player is under 18 - must read this Waiver Form. Signatures on the registration signify each person has read, understands and abides by this information. There are risks connected with my participation in this event and its related activities. Injury to my person or damage to or loss of my personal property is a possibility. I acknowledge this possibility and risk and I VOLUNTARILY RELEASE AND DISCHARGE Sheridan Memorial Hospital, Wyoming Rehab, The City of Sheridan, Sheridan School District #2, event sponsors, event charities, HOOP JAM volunteers, workers, and agents from any and all actions, suits and demands whatsoever in law or in equity, from any injuries suffered by me while participating in this event or its related activities and further from the loss or damage to personal property by theft, negligence or otherwise. Players eligibility for NCAA, collegiate sports and local school districts vary. The event organizers are not responsible for determining each player's eligibility. Before registering, contact your coach or athletic director and ask how your eligibility would be affected, if at all, by registering for this tournament. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade, or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. Player: Player: Last Name First Name Last Name First Name Date Date Signature (Parent/Guardian if player is under 18) Signature (Parent/Guardian if player is under 18) indicates indicates acceptance of waiver & release. TEAMS WILL acceptance of waiver & release. TEAMS WILL NOT BE NOT BE ELIGIBLE TO COMPETE IF WAIVER & RELEASE ELIGIBLE TO COMPETE IF WAIVER & RELEASE IS NOT IS NOT SIGNED BY EVERY TEAM MEMBER OR THEIR SIGNED BY EVERY TEAM MEMBER OR THEIR PARENT PARENT OR GUARDIAN OR GUARDIAN Player: Player: Last Name First Name Date Last Name First Name Signature (Parent/Guardian if player is under 18) Signature (Parent/Guardian if player is under 18) indicates acceptance of waiver & release, TEAMS WILL indicates acceptance of waiver & release. TEAMS WILL NOT BE ELIGIBLE TO COMPETE IF WAIVER & RELEASE NOT BE ELIGIBLE TO COMPETE IF WAIVER & RELEASE IS NOT SIGNED BY EVERY TEAM MEMBER OR THEIR IS NOT SIGNED BY EVERY TEAM MEMBER OR THEIR PARENT OR GUARDIAN PARENT OR GUARDIAN Player:

Signature (Parent/Guardian if player is under 18) indicates acceptance of waiver & release. TEAMS WILL NOT BE ELIGIBLE TO COMPETE IF WAIVER & RELEASE IS NOT SIGNED BY EVERY TEAM MEMBER OR THEIR PARENT OR GUARDIAN

Date

Last Name First Name