**THE NHIBT BASKETBALL TOURNAMENT
WAIVER AND RELEASE FORM**

**This form must be completed and signed by each participant, Parent/and or Guardian and must be submitted prior to participating in the 2019 NHIBT Basketball Tournament. Participants will be ineligible to compete if their name does not appear on the form with the appropriate release signatures.**

**Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the NHIBT permitting the below named person to participate in the NHIBT Basketball Tournament (the “Tournament”), I hereby release NHIBT, Inc., Timothy Christian High School and Elmhurst College and any other facility used tournament activities, their directors, officers, members, employees, representatives, agents, successors and assigns (collectively, the ”Released Parties”) from any and all liability and/or responsibility for any claims, debts, defenses, counter-claims, actions, causes of action, suits, sums of money, accounts, rights, interests, compensation, covenants, controversies, agreements, promises, damages, judgments, costs and reasonable attorneys’ fees (collectively, “losses”) arising from or related to injury or death caused by, during or as a result of my participation in the Tournament. I further release the above-mentioned entities, persons and groups from any losses related to the intentional or negligent acts or omissions with respect to the gymnasiums and other facilities, including but not limited to maintenance, condition, placement of equipment, design and other safety features. I hereby indemnify and hold the released parties harmless from any losses suffered as a result of any injury or death caused by, during or as a result of my participation in the Tournament. I understand that basketball can be a physical game and there are certain risks inherent in the game. I acknowledge and understand that the medical insurance is the sole responsibility of the event participants. I also certify that the below named participant is in good physical health and is able to participate in the Tournament. **In the event that the below named participant is a minor, I hereby certify that I am his/her parent or legal guardian**. In that capacity I hereby release the release parties from any and all liability and/or responsibility for any losses arising from or related to injury or death cause by, during or as a result of the minors participation in the Tournament. Such release is also effective for any claims of the below named participants’ parents, guardians, trustees, administrators, heirs or executors. I understand that in the event any of these provisions are held to be not valid by a court of law, the remainder of this Waiver and Release shall remain valid and enforceable. All participants age 18 and older are required to sign in the space provided below. Participants below the age of 18 are required to have a parent’s or legal guardian’s signature.

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Print Participant Name D.O.B. Signature of Participant

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 Signature of Parent/Guardian (if Minor)

\*\*THIS WAIVER AND RELEASE FORM IS DUE PRIOR TO PARTCIPATION IN THE NATIONAL HELLENIC INVITTIONAL BASKETBALL TOURNAMENT\*\*