

***Patrick McGovern & Ryan Stevens
Memorial Basketball Tournament
Waiver & Permission Form (Adult & Minor)***

Please Print

Participant Information

First Name: _____ **M.I.** _____ **Last Name:** _____

City, State, Zip: _____ **Home Phone:** _____

Date of Birth: _____ **Gender (M/F):** _____ **Emergency Phone Number:** _____

Event Information

Event Host: College of the Holy Cross, 1 College St., Worcester, MA

Event Date: June 21, 2008

Waiver Section – Please Read & Sign

Release and Indemnity (Adult – 18 years of age or over; Minor – under 18 years of age)

READ CAREFULLY BEFORE SIGNING

In consideration of my and/or my child or ward's participation in the Event referenced above and any related activities (collectively, the "**Event**"), wherever the Event may occur, I agree to assume the risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I and (if participating) my child or ward, are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for myself and/or my child or ward, at my cost, if the need arises. I also understand that my child or ward or I may be required to leave the Event venue should my child or ward or I exhibit undesirable conduct. For the purposes hereof, the "**Released Parties**" are the Event Host referenced above, all Event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies.

I certify I am 18 years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

Date	Signature of Participant (if over 18) or Parent or Guardian (if Participant is under 18)	Print Name of Participant (if 18 or over) or Parent or Guardian (if Participant is under 18)
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