



PLAYER MEDICAL & LIABILITY RELEASE AGREEMENT FORM

It is clearly understood by the undersigned applicants and their parent(s) or guardians that the SVBC tournament officials and coaches, San José Unified School District, Santa Clara Unified School District, and the officials shall not be liable for any injury or loss sustained by the player while playing, practicing, traveling and participating in the SVBC Basketball Tournament to be held on September 17th and 18st, 2011.

- ❖ The signing of this Release Agreement shall be considered a waiver of any claim for such injury or loss.
- ❖ The signing of this Release Agreement authorizes the SVBC to obtain medical treatment and services for their child or ward when the parent(s) or guardian is not present and agree to pay the fees and costs of such treatment and services.
- ❖ The signing of this Release Agreement means the parents(s) or legal guardian and their organization shall be responsible for any damages caused by their child or player(s) to the gym or hotel.

PLEASE SUBMIT THIS FORM ONLY WHEN FULLY COMPLETED.

DUE DATE: September 16th, 2011. Note: Waiver forms must be turned in 20 minutes before tip-off

Team Name: _____ Age Division ___ Boys ___ Girls _____

Contact Person: _____ E-Mail: _____

Address: _____ City _____ Zip _____

Phone #: Hm. _____ Wk. _____ Cell. _____

	<i>Name of Player (Please Print)</i>	<i>Signature of Parent or Guardian</i>	<i>Emergency Telephone #</i>	<i>Date</i>
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