

David K

3 on 3 Tournament Liability Waiver



TEAM NAME: _____

DIVISION: _____ **BOY OR GIRL TEAM:** _____

By signing this liability waiver Form, I/we, parent or legal guardian of participant, accept all responsibility of actions, events and behavior of my/our son during the course of the David K Memorial 3 on 3 Tournament. I/we know of, and acknowledge that my/our child knows of the risks involved in athletic participation, that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his safety and welfare while participating in this tournament. I/we will not hold the East Basketball Association or the management of facilities (Duluth East High School, District #709) responsible for any theft, injuries, vandalism, accidents, violations of law, or fatalities during the tournament.

(In the event that you (the parent/legal guardian) are not present and your child is injured, your signature grants permission for East Basketball Association and the David K Memorial 3 on 3 Staff and/or other adults present to use their best judgment in treating your child.)

Player Name	Parent Signature/Date	Emergency Number	Email Addresses (To receive important tournament information)	Hospital Reference (In an event a parent is not present)