

# Stroh Church of Christ Men's Basketball Tournament Registration & Release Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Team: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

## **RELEASE, INDEMNITY AND WAIVER**

We/I \_\_\_\_\_, do hereby release, will hold Stroh Church of Christ harmless of any  
(Print Participants Name)

Danger or accident that might occur while participating in the Basketball Tournament held during the 2014 season.

We/I know of no physical or emotional reason why I should not participate in this Tournament.

In Consideration of your letting myself and/or our child participate in the Tournament and other good and valuable consideration, receipt which is hereby acknowledge, agents, employees, officers and instructors of and from all liability and claims whatsoever arising out of or related to any injury or loss that may be sustained by myself and/or our child while participating in said Basketball Tournament.

We/I hereby agree we/I will be bound by this release and we/I agree to defend, hold harmless, and indemnify Stroh Church of Christ, a corporation, its agents, employees, officers and instructors for any disaffirmation of this release by myself or my family.

This release shall also constitute authority of any person connected with the Men's Basketball Tournament of Stroh Church of Christ to give consent for any doctor, nurse and/or hospital to administer medical treatment for myself and/or our child if an accident is sustained or emergency exists.

Date \_\_\_\_\_

\_\_\_\_\_  
Participants Signature

**This form MUST be filled out BEFORE playing in the first game.**