



Basketball Release Form (MUST BE SIGNED BY ALL PARTICIPANTS)

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I understand that participating in a gym is a hazardous activity. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident, which may occur during my participation in this event or while, on the premises of this event. I hereby release and hold harmless and covenant not be file suit against Hopkins Breast Cancer Inc. or Donna Hopkins Hoop It Up for Breast Cancer Basketball Tournament and any affiliated individuals, any event sponsors, venue, facility and their agents and employees, and all other person or entities associated with this event. (The "Releases") from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or other, whether same be caused by falls, contact with other participants. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Donna Hopkins Breast Cancer Basketball Tournament and its local Affiliates and their national sponsors to any photographs, videotapes, or other recordings to me that are made during the course of this event.

The Maryland-National Capital Park and Planning Commission/Prince George's County Department of Parks and Recreation (MUST BE SIGNED BY ALL PARTICIPANTS)

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use if any photographs taken or videotapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

****Everyone must sign and mail with the Registration Form****

Please Print

TEAM: _____

Coach: _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

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