

MADE Men

3 on 3 Basketball Tournament

Participation Waiver

Team Name: _____
 Team Captain's Name: _____
 Captain's W#: _____
 Captain's Phone#: _____

ALL PLAYERS MUST SIGN THIS WAIVER

WARNING, LIABILITY, RELEASE, ACKNOWLEDGMENT, AND ASSUMPTION OF RISKS

I UNDERSTAND THAT PARTICIPATION IN THE THREE ON THREE BASKETBALL TOURNAMENT PRESENTED BY THE SOUTHEASTERN CHAPTER OF MADE MEN INVOLVES THE RISK OF INJURY. THESE RISKS INCLUDE COLLISION WITH OTHER PLAYERS, BEING HIT BY THE BALL, FALLING TO THE GROUND OR INTO A BALL OR CROWD OR FACILITY EQUIPMENT, SCRATCHES, BRUISES, ETC. I FURTHER UNDERSTAND THAT BEFORE PARTICIPATING IN THIS EVENT (MENTIONED ABOVE) I SHOULD CONSULT A PHYSICIAN FOR ADVICE. BY SIGNING THIS FORM, I ACKNOWLEDGE ALL RISK OF INJURY OR DEATH AND AFFIRM I AM WILLING TO ASSUME RESPONSIBILITY SHOULD INJURY OR DEATH RESULT. I ALSO AGREE TO FOLLOW ALL RULES AND PROCEDURES OF THIS EVENT (MENTIONED ABOVE) AND TO FOLLOW REASONABLE INSTRUCTIONS OF THE REFEREES, MADE MEN, AND SOUTHEASTERN LOUISIANA UNIVERSITY. FURTHERMORE, IN RETURN FOR THE OPPORTUNITY TO PARTICIPATE IN THIS EVENT (MENTIONED ABOVE), I AGREE FOR MYSELF AND FOR MY HEIRS, ASSIGNS, EXECUTORS, AND ADMINISTRATORS, TO WAIVE ANY LEGAL RIGHTS I MAY HAVE TO SEEK PAYMENT OF ANY KIND FROM THE MADE Men, MADE MEN MEMBERS, SOUTHEASTERN LOUISIANA UNIVERSITY, SOUTHEASTERN LOUISIANA UNIVERSITY FACULTY AND STAFF, ALL PARTNERS, SPONSORS, AND BENEFACTORS OF MADE MEN AND SOUTHEASTERN LOUISIANA UNIVERSITY FOR BODILY INJURY OR DEATH RESULTING FROM THIS EVENT (MENTIONED ABOVE), AND TO RELEASE THOSE PARTIES FROM ANY LIABILITY FOR DAMAGES RESULTING FROM MY INJURIES OR DEATH. I UNDERSTAND THAT MADE MEN AND SOUTHEASTERN LOUISIANA UNIVERSITY ARE NOT LIABLE FOR ANY OF MY DAMAGED OR LOST POSSESSIONS

I UNDERSTAND THAT NO INSURANCE IS PROVIDED BY MADE MEN AND SOUTHEASTERN LOUISIANA UNIVERSITY

By signing this document, you have read and acknowledge the terms and conditions of this waiver.

Player's Name (Print): _____

W# _____

Player's Signature: _____ Date: _____

Emergency Contact

Player #	Name	Phone #
1		
2		
3		
4		