



AHEPA MARROW National Invitational Basketball Tournament Release Form 2012

This form must be completed and signed by each participant and must be submitted prior to participating in the 2012 Fourth Annual AHEPA MARROW National Invitational Basketball Tournament. Participants will be ineligible to compete if their name does not appear on the form with appropriate release signatures.

Name of player: _____

Team: _____ Division: _____

In consideration of the AHEPA MARROW National Invitational Basketball Tournament Committee (A.M.N.I.B.T.C) permitting the below named person to participate in the 2012 AHEPA MARROW National Invitational Basketball Tournament(A.M.N.I.B.T), I hereby release AHEPA, AHEPA MARROW National Invitational Basketball Tournament, AHEPA MARROW National Invitational Basketball Committee (A.M.N.I.B.T.C.), Northeastern University, North Park University, Northside College Preparatory H.S., Mather H.S., Fairview Junior High, & any other facility utilized for AHEPA MARROW National Invitational Basketball Tournament activities, their employees, representatives, agents, officers, successors and assigns from responsibility for any claims arising from injury or death as a result of my participation in the AHEPA MARROW National Invitational Basketball Tournament. I understand that basketball can be a physical game and there are certain risks inherent in the game. I also release the above-mentioned entities, persons and groups from these types of injuries. I further release the above-mentioned entities, persons and groups from any intentional or grossly negligent acts with respect to the gymnasiums and other facilities, maintenance, condition, placement of equipment, design and other safety features. I hereby indemnify AHEPA, AHEPA MARROW National Invitational Basketball Tournament, AHEPA MARROW National Invitational Basketball Tournament Committee, Northeastern University, North Park University, Northside College Preparatory H. S., Mather H.S., Fairview Junior High, & any other facility utilized for AHEPA MARROW National Invitational Basketball Tournament activities for any damages or costs as a result of any injury or death covered by this release. I acknowledge and understand that medical insurance is the sole responsibility of event participants. I also certify that the below named participant is in good physical health and is able to participate in the AHEPA MARROW National Invitational Basketball Tournament. **In the event the below named participant is a minor, I hereby certify that I am his parent or legal guardian.** In that capacity I hereby release AHEPA, AHEPA MARROW National Invitational Basketball Tournament, AHEPA MARROW National Invitational Basketball Tournament Committee, Northeastern University, North Park University, Northside College Prep H.S., Mather H.S., Fairview Junior High, & other facility utilized for AHEPA MARROW National Invitational Basketball Tournament activities, their employees, agents, representatives, officers, successors and assigns from responsibility for any claims arising from injury or death as a result from participation in the AHEPA MARROW National Invitational Basketball Tournament. Such release is also effective for any claims of the below named participant’s parents, guardians, trustees, administrators, heirs or executors. I understand that in the event any of these paragraphs are held to be not valid by a court of law, the remainder of the contract is still valid. After reading the release above, the following information must be completed for each participant. All participants 18 & older are required to sign in the space provided. Participants below age 18 are required to have a parent’s or legal guardian’s signature.

Print Player Name / **DOB** / **Signature Parent/Guardian (If Minor)**

Signature of Player if older than 18 years old

THE PLAYER RELEASE FORM IS DUE ON SAT 3/3/12