

ECCLES ICE CENTER
3 ON 3
BASKETBALL TOURNAMENT
- PLAYED ON SPORTS FLOOR -
 Official Team Roster Form
 September 11, 2010

Registration form and payment are due at the Eccles Ice Center by September 10th at 12 pm

Boy's Prep	Men's Open
Men's Collegiate	Women's Open

Team Name	Please Circle Division	Team Captain
-----------	------------------------	--------------

Team Captain Email Address	Team Captain Cell Phone	Team Captain Home Phone
----------------------------	-------------------------	-------------------------

Alternate Team Contact Person Name/Email/Phone

PLEASE READ BEFORE SIGNING

Hoops on Ice 3 on 3 Basketball Waiver/Release of Liability:

In consideration of being allowed to participate in the Hoops on Ice 3 on 3 Basketball Tournament, related events and activities (collectively the "Event"), the undersigned, for himself/herself, his/her personal representatives, heirs and next of kin:

1. Acknowledges, appreciates and agrees that the risk of injury from the activities involved in the Event is significant, including the potential for injury, permanent paralysis and death; and
2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume all full responsibility for my participation;
3. Willingly agree to comply with the stated and customary terms and conditions for participation. If however he/she observes any unusual significant hazard during his/her presence or participation, he/she will remove him/herself from participation and bring such to the attention of the nearest official immediately;
4. Acknowledges, appreciates and agrees that he/she has read this form and understands that by signing this form, he/she is giving up legal rights and remedies on behalf of him/herself and his/her family and estate heirs and/or assigns;
5. HEREBY INDEMNIFIES, RELEASES AND HOLDS HARMLESS THE BRIDGERLAND COMMUNITY ICE ARENA, INC., GEORGE S. ECCLES ICE CENTER, AND NORTH PARK INTERLOCAL COOPERATIVE, HOOPS ON ICE, its affiliates, subsidiaries and parent entities, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors and advertisers, hereinafter referred to as "RELEASEES" with respect to any and all injuries, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or others;
6. In the event that I sustain injury or illness while participating in this event, I hereby authorize any emergency first aid, medication, medial treatment or surgery deemed necessary by licensed medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act on my behalf if I am not immediately able to do so;
7. I hereby consent to allow my picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Eccles Ice Center in any manner incidental to my participation in the event at the Eccles Ice Center without compensation to me;
8. Warrants and represents that he/she is the owner of all rights granted hereunder or has been duly authorized by the owner of such rights to grant the same and is at least eighteen (18) years of age or is the legal parent or guardian of the minor child listed below and is executing this WAIVER/RELEASE OF LIABILITY/REFUND POLICY on behalf of such minor child. In the event that the undersigned is a legal parent of guardian of a minor child who turns the age of 18 during the Event, the acknowledgement and agreement of such child is also required.

REFUND POLICY

There will be no refunds granted for any reason after the registration deadline. Every effort will be made to complete games and the tournament.

Players Full name	Date of Birth	Email Address	Cell Phone Number	Signature of Player/Parent/Guardian	T Shirt Size
1					
2					
3					
4					

Team Contact/Coaches Verification: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rules of the Event.

Coach/Team Contact Person Signature	Date	Print Name
-------------------------------------	------	------------

For Office Use only

Date	Amount Paid	Payment Type	Employee Name	Entered in Binder ✓
		\$ CC V# _____		<input type="checkbox"/>