

**West Sioux Athletic Boosters**  
**3 on 3 Basketball Tournament**

**Waiver**

I hereby apply to participate in the West Sioux Athletic Boosters 3 on 3 Basketball Tournament (the "Tournament") Hawarden Iowa, on September 4, 2010.

I understand that participating in the Tournament will expose me to above normal risks of injury or harm. These risks include uneven or hazardous playing surfaces, physical contact or collisions with other players, spectators or inanimate objects on or about the court. I understand that the sport of basketball is in itself hazardous and may result in injury to me or other players.

I represent that I have no health or physical problems that will interfere with my participation in the Tournament.

I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the Tournament. I understand that I am solely responsible for any injuries which may occur as a result of my participation in the Tournament and I specifically waive my right to bring litigation against the sponsors and specifically release any right which I have to assert negligence claim against the Tournament sponsors, their agents or representatives.

I hereby fully and forever release, discharge, and agree not to sue West Sioux Athletic Boosters, West Sioux School District, City of Hawarden,....any other sponsor (hereafter called "Tournament Sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out or in any way associated with my attendance at or participation in the Tournament, including all claims, causes of action or liability arising out of negligence of Tournament Sponsors, their agents or representatives.

I agree that this agreement shall be construed and interpreted according to the State of Iowa.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including parent, guardian, or next friend.

I have read the above items of the release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver. I sign this release on behalf my child.

Date: \_\_\_\_\_, 2010

1. Participant \_\_\_\_\_ (Printed Name) \_\_\_\_\_ D.O.B.
1. Parent \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)
2. Participant \_\_\_\_\_ (Printed Name) \_\_\_\_\_ D.O.B.
2. Parent \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)
3. Participant \_\_\_\_\_ (Printed Name) \_\_\_\_\_ D.O.B.
3. Parent \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)
4. Participant \_\_\_\_\_ (Printed Name) \_\_\_\_\_ D.O.B.
4. Parent \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)