PARTICIPANT WAIVER OF LIABILITY

*It is understood that participation in athletic events sometimes results in injury, both minor and major. It is also understood that participants should have their own insurance or be aware that expenses for medical treatment or care must be borne by the individual participant.

I hereby waive and release any and all rights and claims for damages my child may have against the Salem Lions Athletic Department, Salem High/Middle School, Salem Community Schools and the representatives, coaches, administrators and staff workers from any claim and all claims that may arise out of any accident or injury suffered by my child while participating in the Salem Basketball Tourney.

Team Name:

Grade:_____ Boys or Girls:_____

Coach:_____ Phone #:_____ Email:_____

Players Names	*Parent's Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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