

**CONSENT FOR MEDICAL TREATMENT AND
VOLUNTARY RELEASE, ACKNOWLEDGMENT AND ACCEPTANCE
OF RISKS AND INDEMNITY AGREEMENT**

For: _____ (“Participant”)
(Insert name of player attending)

The Participant, and the undersigned parent or legal guardian of the above-named Participant, in consideration of the right to engage in this activity as a participant or spectator in athletic contests and related practices and activities (the “Activities”), sponsored by The Great Northwest Basketball League, Ltd., High School Elite Invitational Tournament, Wisconsin State Invitational Championship Tournament and Youth and Recreation Event Planning, Inc., hereby acknowledge, agree, promise and covenant with The Great Northwest Basketball League, Ltd., High School Elite Invitational Tournament, Wisconsin State Invitational Championship Tournament and Youth and Recreation Event Planning, Inc., its employees, independent contractors, successors in interest and assignees, the associations, coaches, teams, individuals or schools sponsoring or hosting meets, tournaments and other events, the owner and manager of facilities used, and all of their agents, volunteers, employees and promoters, other participants, officials, and advertisers (hereinafter collectively referred to as “Sponsors”), and on behalf of the undersigned parent or legal guardian, the Participant, our heirs, assigns, personal representatives and estate as follows:

CONSENT TO PARTICIPATE

THE UNDERSIGNED PARENT OR LEGAL GUARDIAN CONSENTS to the Participant’s voluntary participation in the Activities. The undersigned parent or legal guardian gives permission for the Participant to engage in activities that include but are in no way limited to playing or watching basketball games, participating in related practices, and traveling to and from the sites where athletic events organized by the Sponsors are held.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

WE UNDERSTAND AND ACKNOWLEDGE that the Activities bear certain risks and unanticipated risks which could result in **INJURY, DEATH, ILLNESS, DISEASE, OR PHYSICAL OR MENTAL DAMAGE** to the Participant, property, spectators or sponsors, or claims against us by spectators or third parties. We expressly agree to accept and assume all responsibility and risks arising from the Participant’s participation in the Activities. The Participant’s participation in the Activities is purely voluntary; no one is forcing the Participant to participate in spite of the known and unknown risks.

RELEASE

WE VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE the Sponsors and all other persons or entities affiliated with them, from any and all liability, claims, demands, actions or right of action, which are related to, arise out of or are in any way connected with the Participant’s participation in the Activities, including but not specifically limited to any and all negligence, fault or strict liability of Sponsors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to the Participant or to any property.

WE AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY the Sponsors and all other persons or entities affiliated with them from all defense costs, including attorney’s fees, or from any other costs incurred in connection with claims for bodily injury or property damage which the Participant may negligently or intentionally cause to spectators or third parties in the course of the Participant’s participation in the Activities.

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

WE UNDERSTAND AND ACKNOWLEDGE that by signing this document we have given up certain legal rights and/or possible claims which we might otherwise assert or maintain against Sponsors and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, fault, negligence in any degree of Sponsors, its agents or employees, and all other persons or entities.

WE UNDERSTAND AND ACKNOWLEDGE that the terms herein are contractual and not a mere recital, and that we have signed this document of our own free act.

**PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION
OF PHYSICAL CONDITIONS**

WE UNDERSTAND AND ACKNOWLEDGE that no medical insurance benefits will be provided to the Participant during the Activities. We **CERTIFY** that the Participant has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which we may incur and to cover bodily injury or property damage caused to a third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, we certify that we are capable of personally paying for any and all such expenses or liability.

WE FURTHER ACKNOWLEDGE that the Participant is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT

WE HEREBY give our consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of Participant.

AGREEMENT

WE UNDERSTAND that this is the entire Agreement between the undersigned and Sponsor, its agents or employees, and that it cannot be modified or changed in any way by the representations or statements of Sponsors or any volunteer, employee or agent of Sponsors, or by the undersigned. This Agreement shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to Youth and Recreation Event Planning, Inc., PO Box 506, Hudson WI 54016, fax (715-386-4319), phone (715-386-4317).

OUR SIGNATURES BELOW INDICATE THAT WE HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: _____

PARTICIPANT'S DATE OF BIRTH (MM/DD/YY): _____

BOTH → SIGNATURE OF PARTICIPANT: _____ **DATE SIGNED:** _____

SIGNATURES

REQUIRED → SIGNATURE OF PARENT/GUARDIAN: _____ **DATE SIGNED:** _____

PRINT PARENT/GUARDIAN NAME (Please print): _____

ADDRESS OF PARENT/GUARDIAN: _____

HOME PHONE NUMBER OF PARENT/GUARDIAN: _____

CONTACT: (Someone to contact in case of injury other than the parent or guardian signing this document.)

Full Name (first and last): _____

Phone: _____ Relationship: _____

Address: _____