

PATICIPANT REGISTRATION AND RELEASE FORM

Participant Name: _____

Date of Birth: / / Last Name First Name M.I.

Address: _____

City: _____ State/Province: _____ ZipCode: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Your Current Age: ____ Male: ____ Female: ____ E-Mail: _____

(Parent e-mail **required** for participants under age 18)

Name of Parents/Guardian (if under age 18): _____

Church Name: _____

Location: _____

RELEASE FORM

In consideration of St. John's Armenian Church (S.J.A.C) permitting the above named person to participate in the **2010 Midwest Armenian Basketball Championships**, I hereby release St. John's Armenian Church and any other facility utilized for 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 an S.J.A.C-organized event.

I understand that basketball can be a physical game and there are certain risks of injury 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.

In the event the above named participant is a minor, I hereby certify that I am his/her parent or legal guardian. In that capacity, I hereby release St. John Armenian Church and any other facility utilized for activities, their employees, representatives, agents, officers, successors and assigns from responsibility for any claims arising from injury or death as a result of participation in a S.J.A.C organized event. Such release is also effective for any claims of the above named participant's parents, guardians, trustees, administrators, heirs or executors.

I hereby indemnify St. John Armenian Church and any other facility utilized for activities for any damages or costs they incur as a result of any injury or death covered by this release. I acknowledge I understand that medical insurance is the sole responsibility of event participants. I also certify that the above named participant is in good physical health and is able to participate in the physical activity. I understand that in the event any of these paragraphs are held to be not valid by a court, the remainder of the contract is still valid.

Participant's Signature

Date

Parent or Legal Guardian (if participant is under age 18) Date*** PLEASE INCLUDE ONE FORM, FOR EACH PARTICIPANT, WITH YOUR REGISTRATION MATERIAL ***