



Application & Roster Form

Team Name: _____

Grade: (circle one) **4th 5th 6th 7th 8th 9th 10th 11th 12th**

Play Level: (circle one) **A B C**

Gender: (circle one) **Boy Girl** **TOURNAMENT NAME:** _____

TOURNAMENT DATE: _____

TEAM CONTACT INFO:

Name _____ **Email** _____ **Phone** _____

PLAYERS NAME

JERSEY #

DATE OF BIRTH

PLAYERS NAME	JERSEY #	DATE OF BIRTH

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participants named above on the team named above to participate in The Rim Sports Complex Basketball Tournaments, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The Rim or their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of The Rim BASKETBALL, its agents and employee or otherwise while the named participant participates in its programs. By signing this agreement the head coach and or program director is taking responsibility that all his players have their own medical insurance.

I/we further agree to indemnify their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which The Rim, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against The Rim, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of The Rim, their agents and employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this tournament may present a strain on my child's body, or its parts and therefore I represent to The Rim that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

I/we understand that the Department frequently takes photographs of its activities and participants. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

Coach, Program director or Parent/Guardian signature

Date

Checks Payable to: The Rim Sports Complex
Please mail to: 311 Winnacunnet Road, Hampton, NH 03842

For more info contact General Manager Joe Williams
603-601-7586, Joe@therimsports.com