

Independence Alumni Basketball Tournament Waiver of Liability

By signature, I attest that I am physically fit and sufficiently trained to participate in this event. There will be no medical assistance provided. I have full knowledge of the risks involved. Therefore, in consideration of the acceptance of my entry, I or myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against the Independence Alumni Association, Independence Athletic Boosters, Independence Board of Education, and any individuals associated with this event, and will hold them harmless for any and all injuries I may suffer in connection with this event. I hereby agree to hold myself responsible for any damage that I cause to Independence School property. I have read and concur with these conditions.

Please Print:

Name _____ Class _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date _____