

AUTHORIZATION & WAIVER BY ADULT PARTICIPANT

I the undersigned adult participant states as follows:

I am aware that normal and usual athletic and sports-related activities have certain inherent risks and may cause injury to participants. However, I want to participate in the HOOPS FOR HOPE BASKETBALL TOURNAMENT (the "Tournament"), to be held on the premises of one of the Olentangy Schools in Lewis Center/Powell, Ohio in July, 2017.

I have the necessary skills and am able to participate in all aspects of the Tournament. The nature of the Tournament has already been fully disclosed to me, and any brochure, flyer or announcement relating to the Tournament is expressly made part of this Authorization & Waiver.

I hereby indemnify, release, hold harmless, and forever discharge ASLC, The Make-A-Wish Foundation, Hoops for Hope and its members, agents, employees, officials, officers, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in the Tournament, provided this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representative, successors, and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Tournament conducted by and on the premises of ASLC.

This Authorization & Waiver is governed by the laws of the State of Ohio and is intended to be as broad and inclusive as is permitted by law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver.

I agree to the reproduction, posting and publishing of my photographic image, taken on the day of the event, on the hoops4hope.org website, the Hoops for Hope group Facebook page, any flyer or printed promotional material for subsequent years and any other appropriate material used to promote the Hoops for Hope event in the future.

Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and that cannot be settled between the parties, will be settled by submission to the chapter of the American Arbitration association or similar group nearest to the location of the Tournament in accordance with its current rules and procedures.

Please Print:

Name of Participant:				
Address:				
City		State		Zip Code

Medical conditions:

--

I am subject to the above medical conditions/allergies which I authorize ASLC to disclose to a medical provider in the event that I require emergency medical care.

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver and I have willingly signed as my own free act.

Signature:	
Date:	
E-mail:	

Please use this copy and make one copy for each member of your team.

