Waiver of Liability and Medical Release

One waiver must be completed and properly signed for **each player** on the roster. These waivers must be handed in at registration before playing in the tournament.

Player Name _____

Player Home Address _____

Player DOB _____ Player 2020-2021 School Grade _____

Boardwalk Baller Team Name _____

Boardwalk Baller Team Division _____

Waiver of Liability
I am aware that during my participation and attendance in the Morey's Piers 3x3 Basketball Tournament and related activities, Morey's Piers and its sponsors will be providing various facilities and arrangements, and that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which I will be training, preparing and competing; negligence or other careless acts and omissions by Morey's Piers, other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds.

In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against Morey's Piers and/or their sponsors. The terms hereof shall serve as a release, waiver and assumption of risk for my heirs, executors and administrators, and for all members of my family, including any minors accompanying me.

Consent to Medical Treatment
Additionally, in consideration and acceptance of my entry by Morey's Piers and the right to participate in related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the tournament organizers.

Parent/Guardian of Participant - required if player is under the age of 18
I consent and agree to the above on my child's behalf, to release, waive and assume the risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizations and individuals listed above, and I consent to allow my child to receive emergency medical treatment as deemed necessary and appropriate.

Parent/Guardian Signature _____ Date _____
(REQUIRED if player is under the age of 18)

Player Signature _____ Date _____
(REQUIRED if player is age 18 or older)