



SACRAMENTO WARLORDS

EIGHTEENTH ANNUAL BASKETBALL TOURNAMENT

Deadline: April 15, 2017

Submit by mail to 9847 Dirusso Circle • Elk Grove, CA 95757

PLAYER MEDICAL & LIABILITY RELEASE AGREEMENT FORM

It is clearly understood by the undersigned applicants and their parent(s) or legal guardian(s) that the Sacramento Warlords and the locations used to facilitate the tournament shall not be liable for any injury or loss sustained by the player while participating in the Sacramento Warlords 18th Annual Basketball Tournament. The signing of this release agreement:

- Shall be considered a waiver of any claim for injury or loss.
- Authorizes the Sacramento Warlords to obtain medical treatment and services for any player(s) whose parent(s) or legal guardian(s) is not present. Parent(s) or legal guardian(s) agrees to pay the fees and costs for such treatment and services.
- Means the parent(s) or legal guardian(s) and his/her (their) organization shall be responsible for any damages caused by their player(s) to any location used to facilitate the tournament.

Organization/Team Name _____

Division Grade _____ Boys Girls

Coach _____ Phone _____

Contact _____ Email _____

	Name of Player (Please Print)	Signature of Parent or Guardian	Emergency Phone #
1			
2			
3			
4			
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12			