



TEAM WAIVER
PLAYER MEDICAL & LIABILITY RELEASE FORM

DEADLINE: MARCH 23, 2024

*Submit by mail to 8377 Josiah Court, Elk Grove, CA 95757
or turn into your Gym Coordinator prior to your first game*

As the team representative of the registered team, I agree to print the PLAYER MEDICAL & LIABILITY RELEASE FORM, obtain signatures from the parent(s) or legal guardian(s) of the minor participants, and provide this completed form to the Sacramento Warlords Tournament Committee by prior to our team's first game on March 23, 2024.

I understand that by signing the release form, the minor participants and their parent(s) or legal guardian(s) agree that the Sacramento Warlords and the locations used to facilitate the tournament shall not be liable for any illness, injury or loss sustained by the player while participating in the 2024 Warlords Basketball Tournament. The signing of the release form:

1. Shall be considered a waiver of any claim for illness, injury or loss.
2. 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.
3. 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.
4. Acknowledges that any player without a parent or legal guardian signature will not be allowed to participate in the tournament.

By signing this agreement, I understand and acknowledge the contagious nature of illnesses such as COVID-19, and voluntarily assume the risk that my child and I may be exposed to or infected while participating in the tournament, and accept sole responsibility for any resulting harm, loss, or injury. I agree that my child or I will not attend the tournament if feeling ill, which includes, but is not limited to, the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand and acknowledge we may be denied entrance or admittance if the tournament committee determines that we are showing any such symptoms.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO PROVIDE A COMPLETED FORM TO THE TOURNAMENT COMMITTEE.

Division _____

Team _____

Manager Name _____

Phone _____

Email _____

	Name of Player (Please Print)	Signature of Parent or Guardian	Emergency Name & Phone #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

FOR TOURNAMENT COMMITTEE USE ONLY:

REC'D DATE: _____ REVIEWED BY: _____