

MUW Recreation Association Spring Slam 3-on-3 Tournament Team Roster

Team Name: _____	Division: (circle one)	Men	Women
Captain: _____	Email: _____		
Phone : _____	Alternate Phone: _____		
Completed roster and entry fee (\$75) must be turned in to Campus Rec Office by Wednesday, March 25 at 5pm in order to be entered into Spring Slam 3-on-3 Basketball Tournament.			

I, _____, as captain of the above team, do hereby agree to field a 3 on 3 Basketball team for the SPRING SLAM 3-ON-3 BASKETBALL TOURNEY, sponsored by MUW Recreation Association, to be held March 28-29, 2009 at Mississippi University for Women. I will be responsible for the above team meeting eligibility rules, following conduct policies, and attending all scheduled contests. I have also informed the players of the above team that there are inherent risks involved while participating in competitive basketball and that they should have health insurance to cover any possible injury. By the signature of the members of the team, they hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital, when necessary, for executing such care for treatment of injuries that they may sustain while participating in the SPRING SLAM 3-ON-3 BASKETBALL.

Player's Name (print):	Phone #	Age	Shirt Size	*Signature: (parent if under age of 18)
1				
2				
3				
4				
5				

Release of Liability: In consideration of my being permitted to participate in the Spring Slam 3 on 3 basketball tournament, I hereby waive all claims for, and release the Mississippi Board of Trustees for State Institutions for Higher Learning (including its agents and employees) (the "Board") from all liability for, bodily injury, including death, damage to personal property, and the consequences thereof resulting from my voluntary participation in this activity and covenant not to sue for any said injury from physical contact with other participants, from the use of mechanical devices, sports equipment, or sports facilities or playing fields, or from being in poor health or physically unfit, but I still knowingly accept the risk of injury from my participation in this tournament. I waive and release any and all rights and claims for damages suffered by me due to my participation in the above activity whether caused by negligence of Mississippi

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University for women, or its employees or agents. I understand that all expenses, charges, and costs which result by accident or illness are fully my responsibility and fully discharge the university and the Board from assuming any financial obligation for me. By signing my name on the above Team Roster, I acknowledge that I have read, understand, and agree to the terms of this release of liability.

If a player is under the age of 18, a parent or legal guardian must sign the team roster.

Campus Recreation Office is located in the Stark Recreation Center, Rm 101. For more information, call 241-7494 or email Larry Stone: cls5@muw.edu

Office Use Only:	Circle one	Staff Initials:	Date:
Entry Fee Paid:	Cash	Check # _____	_____