

SPROTT YOUTH CENTER 5 ON 5 BASKETBALL TOURNAMENT

Tournament Date, November 4, 2017

Entry Donation, \$75.00 per team

ENTRY FORM

Mail Entry Form and Entry Donation to: Sprott Youth Center, Attention, Loleta
McCrimmon P.O. Box 321, Moncure, NC 27559

You may also call (919) 756-4132

Entry Form and Donation is due by, October 27, 2017

EACH TEAM MAY HAVE 10 PLAYERS

TEAM NAME _____

CONTACT PERSON _____ CONTACT PHONE _____

WAIVER

IN CONSIDERATION OF MY PARTICIPATION IN THE SPROTT YOUTH CENTER 5 ON 5 BASKETBALL TOURNAMENT, I MYSELF, MY HEIRS, EXECUTORS, AND PERSONAL REPRESENTATIVE WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST SPROTT YOUTH CENTER. I FURTHER AGREE TO HOLD ALL SPONSORS HARMLESS AND IDEMNIFY THEM FROM ALL CLAIMS, DAMAGES, JUDGEMENTS, COST AND ATTORNEY FEES SHOULD THEY BE HELD LIABLE OR ANY DAMAGES I MAY SUSTAIN OR CLAIM ARISING OF THIS EVENT. I ALSO ACKNOWLEDGE THAT I AM IN GOOD PHYSICAL CONDITION AND ABLE TO PARTICIPATE IN THE SPROTT YOUTH CENTER BASKETBALL TOURNAMENT AND THAT ALL AND ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER

NAME	AGE	GENDER	SIGNATURE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____