



# *2016-2017 Assumption* BASKETBALL



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## LIABILITY RELEASE FORM

In consideration for the participants listed below who will be participating in the Assumption Basketball Program, I the undersigned on behalf of myself, my heirs, executors, administrators, and assigns do hereby release and discharge the Assumption Greek Orthodox Church and the Assumption Cultural Center, staff, volunteers, representatives, successors and assigns of all the foregoing from any and all claims for damages, demands and causes of action arising from or out of participation in the Assumption Basketball Program.

I do attest that the participants listed are physically fit, have sufficiently prepared for participation in the Assumption Basketball Program and that the participant's physical condition has been verified by a licensed medical doctor.

By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby.

Please print complete first and last name of each participant:

Name of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

***Parent Signature if Participant(s) are under age 18:***

\_\_\_\_\_

***Participant Signature if age 18 & over:***

\_\_\_\_\_

**\*\* Please return to the church office \*\***