



**5TH ANNUAL
KENNY MERRICK SR. MEMORIAL YOUTH BASKETBALL TOURNAMENT**

“WAIVER OF LIABILITY AND PERMISSION TO PLAY FORM”

I _____ acknowledge by my signature below that I am absolving any entity associated with the Spirit Lake Foundation/Inc., Spirit Lake Warriors and the 5TH Annual Kenny Merrick Sr. Memorial Youth Basketball Tournament (defined as any event associated with this Tournament) from any liability what so ever my child may sustain, attending any event associated with the Spirit Lake Foundation/ Inc., Spirit Lake Warriors and the 5TH Annual Kenny Merrick Sr. Memorial Youth Basketball Tournament and hereby give my child _____ permission to play for the Spirit Lake Warriors and in the 5TH Annual Kenny Merrick Sr. Memorial Youth Basketball Tournament. The undersigned is the authorized representative of the participant and agrees that the Spirit Lake Foundation/Inc. shall have the sole and exclusive right to photos and video. I also explicitly agree that should my child play in the Tournament, but I do not sign below, that the waiver still applies. I do hereby also for myself, my heirs, and executors, specifically waive and release forever and discharge any and all claims for damages that I and / or my child may have or which hereafter may accrue to my child while participating in said basketball tournament (as defined above) against the SPIRIT LAKE FOUNDATION / INC. NONPROFIT ORANGINATION, THE TOURNAMENT COMMITTEE, THE TOURNAMENT DIRECTOR, THE TOWN OF MASHANTUCKET, LEDYARD MIDDLE SCHOOL, TOWN OF LEDYARD and any person associated with the before mentioned groups individually regarding any and all claims arising or growing out of participation in said athletic event.

If my child has an existing medical problem that is exacerbated or affected in any way because of his attendance at the 5TH Annual Kenny Merrick Sr. Memorial Youth Basketball Tournament, I am again absolving any entity associated with the 5TH Annual Kenny Merrick Sr. Memorial Youth Basketball Tournament from any liability what so ever.

Name of Player: _____

Address: _____
(Street) (Town)

Telephone: _____

Parent's Signature: _____

Date: _____