EBA Saturday
Showcase Runs
8 Games over 4 weeks
Limited to first 8 paid teams
Back to Back time slots
3:30/4:30 or 5:30/6:30 <u>Begins Feb 20th</u>

<u>No team is entered without $750 a team prepayment!!</u>

Team Name:_____ Coach/Manager:_____

Phone#:_____E-mail:_____

Participation Waiver:

Each player must have a parent/guardian signature in order to participate.
Signature indicates that parent/guardian has read and fully understands waiver.

I, the undersigned, realizing that there is risk inherent in any recreational and competitive activity, and in consideration of my (my child) being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnity, and hold harmless the Evanville Basketball Academy LLC, its officers, officials, coaches, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant the Evanville Basketball Academy permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that Evanville Basketball Academy LLC, may utilize my name, address, and likeness and hereby waive all rights to compensation for their use in the promotion and operation of Evanville Basketball Academy LLC. I further state that I am of lawful age and legally competent to sign this release,, that I understand the terms herein are contractual and are not mere recital: and that I signed this document of my own free act.

Player_____ **Parent/Guardian Signature**_____

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