

# 3 on 3 Tournament Liability and Release Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Team Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **LIABILITY RELEASE/TERMS & CONDITIONS:**

I hereby give my permission and approval for my child to participate in this activity. I assume all risks and such hazards incidental to such participation. This tournament is sponsored by Fellowship of Christian Athletes and G.O. ministry and is not a school/district event. I hereby release Fellowship of Christian Athletes, G.O. ministry, and Ashtabula Area School District employees and agents from any and all liability arising from injury or injuries sustained by my child while participating in this tournament. These organizations assume no responsibility for any damage to or loss of any personal or team property. I hereby authorize the directors and employees of these agencies to obtain medical care for injuries and illness that might affect my child or which might occur during this tournament. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to my child should it be deemed medically necessary.

This Liability Release form is required for all participants.