

**SENATOR STADELMAN'S HOOPSTARS
WAIVER, RELEASE, AND CONSENT TO BE PHOTOGRAPHED OR RECORDED**

Please read this form carefully and be aware that by registering for, and for participating in, Senator Stadelman's Hoopstars, you are releasing all claims for injuries arising out of this tournament that your minor child or ward who is a named participant might sustain. In registering for this tournament, you are agreeing as follows:

As the parent or guardian of a minor participant(s) in this tournament, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any damages or loss which I (or my minor child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such tournament. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in this tournament against Senator Steve Stadelman, Patriots Gateway Community Center, any and all other participating sponsors, any and all independent contractors ("Tournament Organizers"), and their officers, agents, servants and employees, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I (or my minor child or ward) might sustain as a result of participating in these programs, the Tournament Organizers' provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all equipment, and apparatus, and anything related to my use (or the use by my minor child or ward) of the services, facilities, or premises involved in this tournament, and transportation to and from any events.

I understand the nature of the tournament for which I am registering on behalf of my minor child or ward, and have read and fully understand this Waiver and Release of All Claims. I further understand that any advisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receive will be incorporated by reference into and become a part of this Agreement.

I acknowledge that Tournament Organizers may photograph or video participants in the tournament, and that the Tournament Organizers may publish any of these photographs or video in any promotional materials, brochures, pamphlets or flyers, or may release photographs or video to the media. I hereby consent to the District taking and publishing photographs or video of me or my minor child or ward. **I further consent that my or my child(ren)'s name and identity may be revealed therein or by descriptive text or commentary. I understand that all rights of ownership and publicity to these photographs or video belong exclusively to the Tournament Organizers, and the Tournament Organizers have the right to assign or transfer their rights to such photographs or video. I waive any rights, claims, or interest I may have to control the use of my or my child(ren)'s identity or likeness in whatever media used and I understand that there will be no financial or other remuneration to me or my child(ren).**

Parent

Participant(s)

Name: _____

Name(s): _____

Signed: _____

Age(s): _____

Date: _____