## 5<sup>th</sup> Annual Heroes on the Court 3 on 3 Basketball Tournament

Sunday, May 19, 2019 | 1pm

## Registration Form & Waiver/Release

\*All teams guaranteed a minimum of three games. Each player **must** complete <u>a separate</u> registration and waiver form. Teams will have 3 players plus one sub. Participation is on a first-come, first-served basis. If registering as a team, please submit all team member forms together. \$35 entry fee per/player (\*\$45 after April 1, 2019)

(Money Orders or Checks payable to HLEAUC, Inc.)

	Circle the Div	ision you are entering	g: Division "A" 40 and o	over   Division	'B" Under 40
Name(PLEASE PRINT LEGIBLY)		INT LEGIBLY)	Email		
		· ,	_ Contact Phone		
Age	Height	Shirt Size			
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY  READ BEFORE SIGNING					
In consideration of being allowed to participate in any way in the 5 <sup>th</sup> Annual Heroes on the Court, 3 on 3 Basketball Tournament and Championship Game, related events and activities, the undersigned acknowledges, appreciates, and agrees that:					
1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,					
•		UME ALL SUCH RISKS, bot full responsibility for my	The state of the s	EVEN IF ARISING FF	ROM THE NEGLIGENCE OF THE
unusual signif		g my presence or partici			n. If, however, I observe any pation and bring such to the
the <i>Hispanic L</i> employees, ot conduct the	Law Enforcement As ther participants, sp event ("RELEASEES"	ssociation Union County In onsoring agencies, sponso	nc and Kean University tors, advertisers, and if ap Y AND ALL INJURY, DISA	their respective off plicable, owners a BILITY, DEATH, or	ELEASE AND HOLD HARMLESS icers, officials, agents, and/or and lessors of premises used to loss or damage to person or extent permitted by law.
		LITY AND ASSUMPTION OF SIGNING IT, AND SIGN IT FRE			RMS, UNDERSTAND THAT I HAVE MENT.
(Participant's	Signature)		(Date Signed)		
					— OFFICE USE ONLY—  Rec'd By:  Date:  Payment Type:

Amount: