

3 on 3 Basketball League

3 on 3 Basketball on Saturday Mornings 3/11, 3/18, 3/25, from 10am-1pm & Playoffs Saturday, April 1st at Christian High School, 1145 Tom Ginnever Ave. Ofallon, MO 63366. Please submit this form along with the player fee of \$30 to Church on the Rock office. You may send by mail, drop off at church office or at the information centers in the lobby. For more information contact Mark Supak at 636-294-7841.

Name: _____ Age: _____
Address: _____
City: _____ Zip: _____ Cell: _____
Text:(yes or no) _____
Email: _____

T-Shirt Size: S M L XL XXL
I'm registering as: Team Individual
Team Name: _____
Preferred Teammate: _____

MINOR'S RELEASE OF CLAIMS & HOLD HARMLESS AGREEMENT

Event: Church on the Rock – 3 on 3 Basketball League

•League play is on Saturdays from 3/11/17 to 4/1/17

I, _____, hereby affirm and agree that I am the parent or legal guardian of _____, a minor ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the program prior to signing this release.

I agree, individually and on behalf of Minor, to release and to hold harmless Church On The Rock World Outreach Center, its agents, officers, directors, and employees (collectively referred to as "the Church") from liability of any kind, for Minor's injury, death, or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in the program or from the Church's negligence. I personally assume all risks and liabilities in connection with the Minor's participation in the program and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of minor's participation in the program. This release includes all risks and liabilities connected with the program, whether foreseen or unforeseen.

In the event that Minor is injured while participating in the program, and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medial treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

I also understand that by allowing my child to participate in this program, that I consent to my child being taped, recorded, and/or photographed during participation. I understand that these images may be used for Church on the Rock promotional materials, television and/or internet broadcasts, and for use with other Church on the Rock promotions and/or advertisements.

_____	_____
Name (Parent or Guardian)	Date
_____	_____
Witness	Date
_____	_____
Emergency Contact	Relationship

Emergency Contact Phone Number	