



PROPRIETARY INFORMATION
PROPERTY OF HANGTIME BASKETBALL LEAGUES
Waiver & Release Of Liability For Summer League 2016
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Hangtime Basketball Leagues athlete sports program, 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,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Hangtime Basketball Leagues, San Diego Sol, Alliant International University**, their officers, officials, scorekeepers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE PRINT CLEARLY

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Have you played in one our leagues?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you played in one our leagues?: <input type="checkbox"/> Yes <input type="checkbox"/> No



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