



***“Hoops for Heroes” 3-on-3 Benefit
Basketball Tournament
RELEASE AND WAIVER OF ALL CLAIMS***

All participants must sign this form and bring it with you to tournament check-in.

AGREEMENT REGARDING RISK OF INJURY AND RELEASE AND WAIVER OF ALL CLAIM

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I hereby agree to participate in the *“Hoops for Heroes”* 3-on-3 Benefit Basketball Tournament in Carlton Rouh Park in Lindenwold, NJ, on October 2, 2021 with rain date scheduled for October 3, 2021.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I understand that participating in the Tournament will expose me to above normal risks of injury or harm. These risks include uneven or hazardous playing surfaces, physical contact or collisions with other players, spectators or inanimate objects on or about the court. I understand that the sport of basketball is in itself hazardous and may result in injury to me or other players.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I represent that I have no health or physical problems that will interfere with my participation in the Tournament.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I am responsible for my own safety.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I assume ALL risks associated with my attendance and participation in the Tournament. I understand that I am solely responsible for any injuries which may occur to me as a result of my participation in the Tournament and I specifically waive my right to bring litigation against the sponsors and specifically release the right which I have to assert a negligence claim against the Tournament sponsors, volunteers, employees their agents or representatives, and other participants.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I hereby fully and forever release, discharge, and agree not to sue the city of Lindenwold, New Jersey, Carlton Rouh Park, the SpectraCare Foundation 3-on-3 Benefit Basketball Tournament Committee, staff, volunteers, or any sponsors that may be affiliated with this tournament, their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Tournament, including all claims, causes of action or liability arising out of the negligence of Tournament Sponsors, their agents or representatives.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree to indemnify and hold harmless Tournament Sponsors, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or anyone else because of conduct attributed to me.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I grant permission to the SpectraCare Foundation, its representatives and employees the right to take photographs and/or video of me and my property in connection with the SpectraCare Foundation 3-ON-3 Benefit Basketball Tournament,

I authorize SpectraCare Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SpectraCare Foundation may use such photographs and/or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that this agreement shall be constructed and interpreted according to the law of the State of New Jersey.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree to grant full permission for event organizers to record any and all participation in this event through photos, video tape, recordings, or any other media, known or unknown and to use them in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursements of any kind due to me, or the need to pay me any fee.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns, and any personal entity action upon my behalf, including a parent, guardian or next of kin.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament release and waiver form, I agree that I have read the above items of the Release and Wavier, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Wavier.

By signing the SpectraCare Foundation (Hoops for Heroes) 3-ON-3 Benefit Basketball Tournament Registration form, I agree that I understand that no profanity or alcoholic beverages are permitted. I understand that me/my team can be expelled from the tournament and asked to leave under the discretion of the tournament administrator's request.

ALL PARTICIPANTS MUST SIGN AND DATE

I hereby state, by signing and dating below, that I have read all of the statements above and the rules of play, as posted on the SpectraCare Foundation website, and do hereby agree to abide by all rules and regulations set forth by SpectraCare Foundation for this 3 on 3 benefit basketball tournament.

Team's Name: _____

Player's Division: (circle one) A B C

Player's Full Name (print): _____

Player's Signature: _____

Division A and B only:

Parent or Guardian Signature: _____

Date: _____