UCBA 2019 TOURNAMENT TEAM ROSTER

TOURNAMENT	UMASS REC CENTER
LOCATION	322 Aiken Avenue, Lowell, MA 01854.
TEAM NAME	

TEAM CAPTAIN	PHONE NUMBER	EMAIL ADDRESS

#	PLAYER'S NAME	AGE	HEIGHT & WEIGHT	PHONE NUMBER	EMAIL ADDRESS

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

In consideration of the permission granted to the participants named above on the team named above to participate in the UCBA Basketball Tournaments and or programs, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE UCBA, UMass Lowell campusor their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of UCBA BASKETBALL, its agents and employee or otherwise while the named participant participates in its programs.By signing this agreement the head coach and or program director is taking responsibility that all his players havetheir own medical insurance. I/we further agree to indemnify UCBA and UMass Lowell Rec Center, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which UCBA and UMass Lowell, their agents and employees become legally obligated to pay including reasonable attorneys' feesand costs, as a result of claims, demands, costs or judgments, against UCBA and UMass Loweel, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of UCBA and UMass Lowell, their agents and employees and whether or not such liability is sole, joint or several. I/we am aware that participation in this tournament may present a strain on my child's body, or its parts and therefore I represent to UCBA and UMass that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names. I/we understand that the Department frequently takes photographs of its activities and participants. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

Signed: _____ Date: _____