

Greek Orthodox Metropolis of Chicago-Western Region Family Basketball  
Tournament

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9601 Toledo Road  
Bloomington, Minnesota 55437  
952-831-6976

**Waiver of Liability**

Name of Player: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex \_\_\_\_\_ High School Grad: Y / N  
Name of Parish: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_

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I give my consent and approval for participation in any and all activities of the Greek Orthodox Western Region Family Basketball Tournament. In consideration of my acceptance in said activities, I, the undersigned do hereby agree to indemnify and hold harmless the Western Region Family Basketball Tournament, under the auspices of the Greek Orthodox Metropolis of Chicago, its directors, officers, coaches, , and agents, and any/all churches that fall under its jurisdiction, without regard to any negligence on their part, against any claim for damages, compensation or otherwise, including all losses and expenses caused to or by me while participating in any athletic program or activity of the Western Region Family Basketball Tournament, under the auspices of the Greek Orthodox Metropolis of Chicago.

**WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read the reverse side of this Enrollment/Registration form. It contains a waiver and release of all claims and assumption of risk while involved in the program or activity registering for shown above.

I recognize and acknowledge that there are risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor child or ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward my have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Greek Orthodox Metropolis of Chicago, A Metropolis in the Greek Orthodox Archdiocese of America, including its officials, agents, volunteers, employees, and employees, (hereinafter referred to as the Greek Orthodox Metropolis of Chicago).

I do hereby fully release and forever discharge the Greek Orthodox Metropolis of Chicago from any and all claims for injuries, damages, and loss that my minor child/ward

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If 18 or over:

I certify and swear that I am a **Baptized or Chrismated Orthodox Christian**, who lives or has lived in the parish listed above. I am a member in good standing of this parish. I will observe all the rules and regulations of the **Metropolis of Chicago: Western Region Family Basketball Tournament**. On this acceptance of the application, I hereby for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims I may have against said tournament, its agents or representatives, for any and all injuries suffered by me in competing on whose property or properties the Tournament is held, or its members or representatives or any individual connected with said premises.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If under 18:

I, the undersigned parent or guardian for and in consideration of accepting this application for a member of the **Metropolis of Chicago: Western Region Family Basketball Tournament**, do acknowledge that the above applicant is a **Baptized or Chrismated Orthodox Christian** and will observe all the rules and regulations of the said Tournament for any and all injuries suffered by the applicant in competing in any games or Tournament sponsored events by said organization and do hereby covenant not to sue in behalf of said applicant or on behalf for any injuries, damages or losses sustained by applicant in any game or tournament sponsored by said organization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_