FRANKLIN CAGER CREW

CAGER CLASSIC 3 on 3 BASKETBALL TOURNAMENT

Liability Waiver & Medical Release Form
Location: Forest Park Middle School, 8225 W Forest Hill Ave., Franklin, WI 53132
Date of Tournament: October 18th, 2025

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Team Name: _____

Division (circle one):

5th grade, 6th grade, 7th grade, 8th grade, 9th and 10th grade, 11th and 12th grade

Parent/Guardian Name (if player is under 18):

_____

Parent/Guardian Phone Number: _____

Emergency Contact Name and Number (if different from Parent/Guardian):

_____

WAIVER OF LIABILITY

In consideration of being allowed to participate in the Franklin Cager Crew 3-on-3 Girls Basketball Tournament (the "Tournament"), I, the undersigned, acknowledge and agree to the following:

1. **Voluntary Participation:** My participation in this event is voluntary and undertaken at my own risk.

2. **Assumption of Risk:** I understand that participation in a competitive basketball tournament involves physical activity and risk of serious injury, illness, or death, including but not limited to sprains, fractures, head injuries, cardiac events, and

communicable diseases (e.g., COVID-19). I assume all risks, known and unknown, associated with participation in this event.

3. **Release of Liability:** I hereby release and hold harmless Franklin Cager Crew, its organizers, coaches, volunteers, sponsors, referees, facility staff, and associated personnel (collectively "Releasees") from any and all liability, claims, demands, losses, or causes of action, known or unknown, for personal injury, property damage, illness, or death arising out of or related to participation in the Tournament.

4. **Medical Emergencies:** I authorize Franklin Cager Crew staff and volunteers to seek emergency medical treatment on my behalf in the event of an injury or medical emergency. I understand that I am responsible for all medical costs incurred.

5. **Insurance:** I understand that Franklin Cager Crew does **not** provide medical or accident insurance for participants and that I am encouraged to maintain my own insurance coverage.

MEDIA RELEASE

By signing below, I grant Franklin Cager Crew permission to use photographs, video recordings, and likenesses of me (or my child, if under 18) for promotional purposes including print, digital, and social media.
☐ **Check here if you DO NOT consent** to media use.

ACKNOWLEDGEMENT & SIGNATURE

I have read and fully understand this Liability Waiver and Medical Release Form. I am aware that by signing it, I am giving up certain legal rights, including the right to sue. I sign this form freely and voluntarily.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

For Tournament Use Only

Waiver Received By: _____

Date Received: _____