

VFW YOUTH GROUP
Orange County, California
43rd Annual VFW Invitational Basketball Tournament

PLAYER AGREEMENT

TEAM NAME: _____ ORGANIZATION: _____
COACH: _____ TELEPHONE: _____

We, the undersigned, release the VFW Youth Group and its Board of Directors and officers, the VFW Tournament Committee, the Kazuo Masuda Memorial VFW Post 3670, all Orange County and Los Angeles County Unified School Districts, Orange County Sports Association, Southeast Youth Organization, officers, team coaches and officials from all liability for any injury or loss sustained by the players while playing, practicing, traveling and participating in this tournament. We understand that while VFW Youth Group has arranged for hotel accommodations, we the undersigned are responsible for the well being of players and ourselves. We also grant permission to photograph, film or tape our players' participation in this event for the sole purpose of promoting and publicizing this event. We release the VFW Youth Group, its officers, coaches and officials from any liability connected with the publication, reproduction, release or other uses of these materials and agree not to bring any claims against them as a result of its use.

The player referenced below is responsible for providing his/her own medical insurance. If the player is a minor, medical insurance must be provided by the parent/guardian responsible for the player. Signing of this player agreement shall be considered as a waiver of any claim for such injury or loss. All players must sign this waiver form in order to be eligible to participate in this tournament.

This completed form must be turned in to the commissioner before the start of the first game.

	PLAYER'S NAME (PRINT)	PLAYER'S SIGNATURE	PARENT'S SIGNATURE (IF UNDER 18 YEARS OF AGE)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Team Representative Signature: _____ Date: _____