

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**

In consideration for my or my child's being permitted to participate in the Inside the Lines tournament, I hereby release, waive, and discharge any and all rights for claims and damages I or my child may have against Inside the Lines Ministry and their respective workers, employees, volunteers, agents and directors for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which I or my child may have or which may hereafter accrue to me or my child, arising out of or related to for injuries that may be sustained by me or my child, including death, or by property belonging to me or my child during the course of traveling to and from tournaments, camp and/or league games, participating in the same named events. Furthermore, I hereby release **the host church or school, its staff, sponsors and volunteers** from responsibility and liability for any loss, damage, or personal injuries that may be sustained by me or my child or by any property belonging to me my child while participating in the local tournament.

In addition, I acknowledge and understand that player eligibility rules for NCAA collegiate sports and local school districts vary and the Inside the Lines event organizers are not responsible for determining each participant's eligibility. Before registering for any event, Inside the Lines strongly encourages you to contact your or your child's coach or athletic director and ask how your or your child's eligibility would be affected, if at all, by registering for an Inside the Lines event. Furthermore, I also acknowledge and understand that proof of my or my child's age will be required prior to my or my child's participation in the Inside the Lines 3 on 3 Basketball Tournament. Moreover, I hereby grant full permission for event organizers to record any and all of my or my child's participation in the Inside the Lines event for photos, motion pictures, television, radio, recordings, video tapes, and any other media known or unknown, and to use them, no matter by whom taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any remuneration or reimbursement of any kind.

Printed Name of Participant: \_\_\_\_\_

Signature of Participant (if Participant is 18 years of age or older):

\_\_\_\_\_  
Address & Telephone Number:

\_\_\_\_\_

Signature of Parent or Guardian (if Participant is 17 years of age or younger):

\_\_\_\_\_  
Address & Telephone Number:

\_\_\_\_\_

## **MEDICAL INFORMATION**

Allergies to Food or Medication (List types, reactions, preferred treatment):

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Date of last Tetanus Booster: \_\_\_\_\_ Are other Immunizations current? \_\_\_\_\_

Chronic/Recurring Illness (i.e. ear/throat infections, asthma, headaches, diabetes, seizures):

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Recent illnesses (Past 3 months):

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Name(s) and Telephone Number(s) of primary and other physicians currently treating Participant:

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List all Prescription and "Over the Counter" Medications:

<b>Name of Medication</b>	<b>Dosage</b>	<b>Time(s) Given</b>	<b>Reason/Notes</b>

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

Emergency Contacts:

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Other \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Notes:

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