

WAIVER AGREEMENT

Policy *

YOU WILL NOT RECIEVE A RECEIPT. YOU WILL PRESENT YOUR ID AT THE DOOR TO CHECK IN! ONLY 1 GUEST PER PLAYER WILL BE ADMITTED, AS WE MUST COMPLY WITH BUILDING CAPACITY MANDATED BY THE LOCAL GOVERNMENT. MASKS MUST BE WORN BY EVERYONE (INCLUDING PLAYERS) AT ALL TIMES, UNLESS THERE IS A MEDICAL CONDITION (OR THE INDIVIDUAL FEELS AS THOUGH THEY ARE AT RISK BY WEARING THE MASK DURING COMPETITION) WE ASK THAT ALL GUESTS REMAIN OUTSIDE UNTIL GAME TIME. PLAYERS CAN ENTER THE FACILITY 10 MINUTES PRIOR TO GAME TIME.

- I Understand and Agree
- I Do Not Agree and Will Not be Attending.

Waiver Agreement *

By submitting this payment, I am aware that participation in the FCP Hoops Basketball Tournaments has some inherent health risks and injury/illness can occur. On rare occasions these injury/illness can be serious. In consideration of my child being allowed to participate in the FCP Hoops Basketball Tournament, I, the parent/guardian, assume the risk of all injury/illness and agree not to sue New Jersey Full Court Press, LLC, the directors, staff, facilities, coaches, assistant coaches, agents, or volunteers for any and all injuries/illness, to myself, my guests or my participant, caused by or resulting from participating in the FCP Hoops Basketball Tournaments.

- I Understand and Agree to the Waiver.
- I Do Not Agree and will choose not to attend

NAME (PRINT YOUR NAME LEGIBLY): _____

E-MAIL (PRINT LEGIBLY): _____

PHONE (PRINT LEGIBLY): _____

SIGNATURE: _____

DATE: _____