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| --- | --- |
| Today’s Date: | Year of Graduation: |
| Last Name: | First Name:  | School Graduated From & Year: |
| Phone # | Email Address: |
| T shirt Size: S M L XL XXL  | College Attended & Degree (If applicable) |
|  |  |

Registration Form and $30 fee should be returned to Grainger High School before October 6, 2017. This will allow time to order Tshirts and obtain Insurance on each player. The fee will go towards the Tshirts and Insurance. Please make checks Payable to Grainger High School.

Please send to: Grainger High School, 2201 Hwy. 11W South, Rutledge, TN 37861 (Attn: Adam Wolfenbarger)

Waiver & Release of Liability

INJURY RELEASE/WAIVER  Alumni Basketball Game

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the above named participant, have voluntarily applied to participate in the above activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in personal injury and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in the above activity, I hereby accept all risk to my health and of my injury that may result from such participation and I hereby release Grainger County Schools, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, that may result from or occur during my participation in the activity. I further agree to indemnify and hold harmless Grainger County Schools, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described activity. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGETO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED

FOR  ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Date signed:\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_