

Martin Luther King Jr

Basketball Tournament

Team Roster Form

Team Name:	Team Gender:
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	Name	Age	Birth Date
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The City of Shreveport
Shreveport Public Assembly and Recreation
Release of Liability and Assumption of Risk Agreement for
ADULT SPORTS PARTICIPANT

1. **This is a release of liability.** Read it carefully before signing. By signing this release, you are giving up your rights, now and in the future, to sue the City of Shreveport, a municipal entity, its employees and any parties that co-sponsors with the Activities (as defined below) (collectively, the ***“Released Parties”***) or to expect the Released Parties to be legally responsible or pay for any medical expenses or damages if you are injured, killed or become ill, or your belongings are damaged, as a result of your participation in the Activities.
2. **Voluntary Participation.** I acknowledge that now and in the future, I am voluntarily choosing to (a) participate in one or more sports activities organized, co-organized, operated or administered by the Released Parties, and any activities incidental thereto and (b) be present at or use, as applicable, facilities, other locations, equipment and/or transportation provided by the Released Parties or others in connection with my participation in the activities (the activities in clauses (a) and (b) are referred to collectively as the “Activities”).
3. **Acknowledgment and Acceptance of Risks.** I understand that certain risks are inherent in the Activities, and that these risks cannot be eliminated, altered or controlled. I understand that the risks that contribute to the unique character of the Activities can be the cause of my injury, illness or death or damage to my belongings. I voluntarily elect, with knowledge of the risks involved, to participate in the Activities. Now and in the future, I acknowledge and willingly assume all risks and hazards associated with the Activities.
4. **Release.** I am an adult of sound mind, aged 18 years or older. In consideration for my being permitted to participate in these Activities, as an individual and on behalf of my heirs, executors, agents and assigns, (a) I voluntarily agree and promise not to make a claim against, sue or attach the property of the Released Parties, and (b) I forever release, waive, discharge and hold harmless the Released Parties for all demands, actions or claims of liability arising out of their negligence, fault, recklessness or any other act, omission, defect or hazard that causes my illness, injury, death and/or damage to my belongings, now or in the future, as a result of my participation in the Activities, if my illness, injury, death or damage to my belongings is either related to or incidental to my participation in the Activities.
5. **Knowing and Voluntary Execution.** I have read this document in its entirety. I understand that by signing this document, I am assuming all the risks of the Activities now and in the future. I understand that this is a release of any and all claims now and in the future. I understand that this is the entire agreement between me and the Released Parties and that it cannot be modified or changed in any way by oral statements by any Released Parties or by me. I voluntarily sign my name as evidence of the acceptance by me of all the provisions in this document and my agreement to be bound by them.

Please Fill Out Completely & Sign

Signature of Participant:

Name (Print Clearly): _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Phone: _____ **Team Name:** _____ **Date:** _____

Emergency Contact:

Name: _____

Relation: _____

Phone #: _____