March Madness 2010

Liability Waiver Form

Student Name (PRINT)_____

Parent / Guardian (PRINT)_____

Address_____

City_____ **Phone**_____

Gender (circle) Male or Female **Grade** _____

I agree to release the West Allis – West Milwaukee School District, its representatives, and its agents from all liability for any claims of negligence resulting from my participation in the March Madness Basketball Tournament, which will be held **Wednesday, March 3, 2010 (prelims) and Friday, March 12th (finals),** at the West Allis Central High School Fieldhouse. I understand and assume all risks and dangers associated with and involved in the physical activities of athletics, including, but not limited to illness, injury resulting from strenuous physical exertion, injuries from falls, and the risks associated with activities related to basketball competitions. I recognize and understand that this release does not waive liability for intentional or reckless acts, as such claims cannot be waived. I also recognize and understand that this event would not be offered to me at no cost if this release of liability were not stated as broadly as it is stated. Because I do not wish to pay to participate in this event, I waive the right to bargain over the terms of this waiver of liability. I hereby attest and verify that my child is physically fit and have sufficiently trained for inclusion in this event.

Parent/ Guardian Signature _____**Date**_____