

## **HOW TO REGISTER for the Kennedy Park Basketball Jam 3-on-3 Tournament!**

This is open to youth in Middle School & High School. Teams must have a minimum of three participants, but may have up to four on their roster. All participants must have a parent signature, acknowledging the participation waiver on the back side of this form, listing an emergency contact phone number. Register for the grade you will be entering in the Fall.

**Tournament Format:** Games will be 15 minutes long. All teams will get at least 3 games.

There are limited spaces in both divisions! Make sure to complete this form, and turn it into the Lewiston Recreation Department

TEAM NAME:	
Please check one:	MIDDLE SCHOOL TOURNAMENT, 10:30 AM — 12:30 PM
	HIGH SCHOOL TOURNAMENT, 1:00 PM — 3:00 PM
Team Contact Infor	mation (Who can we contact regarding tournament information):
Adult Name:	Phone Number:
Email Address:	Signature:

RESERVE YOUR TEAM'S SPOT! TURN THIS <u>COMPLETED</u> FORM (FRONT AND BACK) IN AT:

LEWISTON RECREATION DEPARTMENT, LEWISTON ARMORY, 65 CENTRAL AVENUE.

Please call Lewiston Recreation at 207-513-3005 with any questions.

## ALL INFORMATION MUST BE COMPLETED TO REGISTER YOUR TEAM!

PLAYER #1:	GRADE:	
PARENT/GUARDIAN SIGNATURE:	PHONE NUMBER:	
PLAYER #2:	GRADE:	
PARENT/GUARDIAN SIGNATURE:	PHONE NUMBER:	
PLAYER #3:	GRADE:	
PARENT/GUARDIAN SIGNATURE:	PHONE NUMBER:	
PLAYER #4:	GRADE:	
PARENT/GUARDIAN SIGNATURE:	PHONE NUMBER:	

## Kennedy Park Jam: Participant Waiver and Release of Liability

In consideration of my participation or the above named child participation (if said child is under 18 years of age), and on behalf of myself and on behalf of the above named child if under 18 years of age, I hereby release the City of Lewiston and covenant not-to-sue the City of Lewiston, and any of their employees, instructors, or agents, arising out of any and all present and future claims resulting from any negligence on the part of the City of Lewiston and the Recreation Division or others listed for property damage, personal injury, or wrongful death, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the Recreation Division and any of their employees, instructors, or agents, both present and future that may be made by me, my family, estate, heirs, devisees, or assigns. Further, I am aware that participating in vigorous programming involving cardiovascular stress and physical conduct could result in illness or injury. I understand that participating in certain recreation programs involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that this program may involve a particular high risk of knee, head, and neck injury. I understand that participation in the Lewiston Recreation Division programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am (or my child) voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. In the event that I/ my child/my family becomes injured or ill while participating in any special event, program, or activity, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness/injury. If the injured/ill participant is under the age of 17, I understand that the program will attempt to notify me immediately through the telephone number I have provided. By registering myself, my child, or my family for any City of Lewiston, Recreation Department event, I am hereby giving permission for our photograph to be taken as a part of this program. This photo may be used in promotion of Lewiston Recreation Department programs, events, and activities. The City of Lewiston, acting through the Lewiston Recreation Department, is not responsible for any injury or loss of property to any person suffered while playing, practicing, or in any other way involved in the Lewiston Recreation Department's programs for any reason whatsoever, including ordinary negligence on the part of the Lewiston Recreation Department, it's agents, or employees. I further agree to indemnify and hold harmless the City of Lewiston, Recreation Division, and others listed of any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine. I affirm that I or the parent and/or legal guardian of the above named child if the child is under 18 years of age am of legal age and am freely signing this agreement. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance during LRD programming ("Claims"). On my behalf, and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Lewiston Recreation Division and the City Of Lewiston, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Lewiston Recreation Division, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any LRD programs. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of the Recreation Division or any of the parties listed.