

22nd Annual Paul Svensen Basketball Tournament Waiver

I _____ understand that the 22nd Annual Paul Svensen – Scituate Recreation Basketball Tournament organizers, the Scituate Recreation Department, Svensen family, the Scituate Public School District, the Scituate Basketball Boosters and or any other agent provides insurance of any kind and that it is my responsibility to obtain my own insurance for myself. I further understand that some insurance policies specifically exclude injuries while participating in a sports activity or so-called school sport. I have checked my policy and I am aware of my coverage or lack there-of. I also release from liability all agents, referees, the 21st Annual Paul Svensen – Scituate Recreation Basketball Tournament organizers (Matt Poirier and Bob Brown), the Scituate Public School District, Scituate Basketball Boosters from any liability whatsoever regardless of the circumstances leading to any type of injury. I assume all responsibility for all matters as it relates to my participation in this tournament.

Emergency Contact Number 1: Name & Number: _____

Emergency Contact Number 2: Name & Number: _____