



## SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY'S INTERDEPARTMENTAL, CO-ED, BASKETBALL LEAGUE AND TOURNAMENT

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### GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

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**CAUTION:** THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING.

I \_\_\_\_\_, FREELY CHOOSE TO PARTICIPATE IN THE INTERDEPARTMENTAL, CO-ED, BASKETBALL LEAGUE & TOURNAMENT (HENCEFORTH CALLED "PROGRAM"). IN CONSIDERATION OF MY PARTICIPATION IN THE PROGRAM, I AGREE AS FOLLOWS:

I HAVE BEEN ADVISED TO CONSULT WITH A MEDICAL DOCTOR WITH REGARD TO MY PERSONAL MEDICAL NEEDS. I STATE THAT THERE ARE NO HEALTH-RELATED REASONS OR PROBLEMS THAT PRECLUDE OR RESTRICT MY PARTICIPATION IN THIS PROGRAM.

I RECOGNIZE THAT SRP-MIC IS NOT OBLIGATED TO ATTEND TO ANY OF MY MEDICAL OR MEDICATION NEEDS AND I ASSUME ALL RISK AND RESPONSIBILITY THEREFORE. I AGREE TO RELEASE, INDEMNIFY, HOLD HARMLESS AND DEFEND SRP-MIC AND THEIR OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, SPONSORS FROM AND AGAINST ANY CLAIM WHICH I, THE PARTICIPANT, MY PARENTS OR LEGAL GUARDIAN OR ANY OTHER PERSON MAY HAVE FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THIS PROGRAM.

**SIGNATURE:** I HAVE CAREFULLY READ THIS RELEASE FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT.

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SIGNATURE OF PROGRAM PARTICIPANT

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DATE