

## MN Comets Spring Shootout Release Form

We the undersigned release the following parties from all responsibility and liability for any injury, damage, inconvenience or harmful action-taking place at the MN Comets Spring Shootout, April 7-8, 2018. The MN Comets, The City of St. Cloud, The City of Sartell, ISD 742, ISD 47, and ISD 748 assume no responsibility or liability for injury, damage, inconvenience or harmful action occurring at the MN Comets Spring Shootout basketball tournament. All participants are expected to have appropriate health insurance.

TEAM NAME \_\_\_\_\_

COACH'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

---

1. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

2. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

3. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

4. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

5. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

6. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

7. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

8. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

9. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_

---

10. Player's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Signature \_\_\_\_\_