

LIABILITY WAIVER

In consideration of your accepting this entry, I/we, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all claims for damages, I/we may have against the National Association of Police Athletic Leagues for all injuries suffered by said participant at the 2008 National PAL Basketball Championships. I/we have insurance protection covering any injuries that may occur in this said activity. I/we certify that the information contained herein is true to the best of my/our knowledge.

PARTICIPANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

COACH SIGNATURE _____
(MUST BE SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

NATIONAL PAL MAY REJECT ANY ENTRY IT DEEMS OBJECTIONABLE.

MEDICAL RELEASE

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As the parent or legal guardian of _____
I hereby authorize and give my consent for any emergency medical, surgical or dental treatment for my son/daughter (listed above) should it be deemed advisable by a qualified medical doctor or dentist.

Mr. or Mrs. _____, coach, or another responsible adult escort is authorized to act on my behalf should a medical/dental emergency arise while participating in the 2008 National PAL Basketball Championships.

I understand that this is to avoid undue delay and assure prompt attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency.

During this period, the parent or legal guardian of the above named child will be at the following location.

SIGNATURE _____ TELEPHONE NO (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

** PLEASE MAKE ENOUGH COPIES FOR EACH PARTICIPANT.*