

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 13-14, 2019. The MN Comets, The City of St. Cloud, The City of Sartell, ISD 742, ISD 47, ISD 51 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 _____
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8. Player's Name _____ Address _____ Phone _____
Parent Signature _____

9. Player's Name _____ Address _____ Phone _____
Parent Signature _____

10. Player's Name _____ Address _____ Phone _____
Parent Signature _____