

# Inspire Wellness Youth Basketball Tournament

Family Wellness 2960 Seter Parkway Fargo, ND 58104

March 11<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup> 2022



## Team Registration Form (Registration Deadline is February 25<sup>th</sup>)

- **\$200 registration fee per team**– 100% of proceeds benefit the Inspire Wellness Initiative
- **Send completed forms to:** Kailynn at [kailynn.barrett@sanfordhealth.org](mailto:kailynn.barrett@sanfordhealth.org) (701-234-7001)

**Team Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Bracket:** Boys Grade: 5, 6, 7, 8 Or Girls Grade: 5, 6, 7, 8

**Coach/Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_ **Alt. E-mail:** \_\_\_\_\_

\*All players must wear a numbered uniform, jersey, or t-shirt. All teams will be responsible for supplying their own jerseys.

\*Tournament schedules will be based on the number of teams registered.

Express assumption of risk, waiver and indemnification of liability: I represent that I and my family and guests, are physically able and qualified to participate in physical activities and the use of facilities provided by Family Wellness LLC and West Fargo Public Schools. I acknowledge and agree that family Wellness, LLC's services and facilities and West Fargo Public School's facilities used by myself and my family and guests are accepted "AS IS" and shall be undertaken at my sole risk. I understand that there is risk involved in physical activities, including risks of bodily injury, partial or total disability, paralysis and death as well as other foreseeable and unforeseeable damages, including damage to property. I understand that there is also a very remote possibility that I might be exposed to bodily fluids (i.e. blood) which may contain the Hepatitis B agent or HIV virus. I knowingly and voluntarily acknowledge my full understanding of risks and assume such risks on behalf of myself and my family and guests. On behalf of myself and my family and guests, and our respective heirs, personal representative, administrators, and assigns, I hereby waive and relinquish any claims, rights and causes of action that I or my family or guests may have against West Fargo Public Schools, Family Wellness, LLC and its members, governors, officers, employees, agents, officials, successors and assigns, for any injuries or damages to me or to my family or guests arising out of the use of the Family Wellness, LLC services or facilities or West Fargo Public School facilities, whether or not arising from acts of active or passive negligence on the part of Family Wellness, LLC, its employees or agents or West Fargo Public Schools. On behalf of myself and my family and guests, and our respective heirs, personal representatives executors, administrators and assigns, I hereby agree to indemnify and hold harmless West Fargo Public Schools, and Family Wellness, LLC, employees, agents, officials, successors and assigns, from any and all claims, demands, actions, costs or causes of action, including attorneys fees and costs of defense relating to any such injuries and damage arising out of or resulting from my use or use by my family or guests, or any of West Fargo Public Schools or Family Wellness, LLC's services or facilities wherever or however they occur. I hereby authorize Family Wellness, LLC's employees/officials to act in accordance with their best judgment in case of any injury or emergency that may occur for my, my family or my guests. Should medical care be necessary, I agree to pay the cost of such medical care or treatment.

Player Name (Printed)	Jersey Number	Parent/Guardian Signature	Today's Date
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