



**Athletic Department**  
500 University Ave W  
Minot, North Dakota 58707

701-858-3041 • 1-800-777-0750 • FAX 701-858-3136

*Home of the BEAVERS*

[www.msubeavers.com](http://www.msubeavers.com)

## 5-on-5 Girls Basketball Tournament Waiver Form

*As a parent/guardian of a participating child, by my signature, I hereby release Minot State University and all sponsors and individuals involved in the tournament from any and all claims and damages suffered by me as a result of participating in this tournament. I authorize the officials of the tournament to use their discretion to have me transported to a medical facility for rendering of medical care. I take full responsibility for this action. I hereby certify that I am physically fit and have received medical clearance to participate in the tournament and hereby waive and forever discharge sponsors, organizers and anyone affiliated by sponsorship of the tournament, as well as their agents and employees of any and all claims arising as a result of my participation.*

**Note:** Please mail the Tournament Waiver Form prior to the tournament  
or you may bring it the day of prior to your team's first game:

Minot State University Athletics  
5-on-5 Girls Basketball Tournament  
500 University Ave. W.  
Minot, ND 58707

### TEAM INFORMATION

Team Name: \_\_\_\_\_ Grade Division: \_\_\_\_\_

Team Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PARTICIPANT RELEASE

Participant's Name (Please Print): \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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