

WAIVER

I, \_\_\_\_\_ understand that Hoops for Hope, Miles of Hope Breast Cancer Foundation, and their subsidiaries, affiliates, directors, trustees and independent contractors (collectively "HFH"), and Marist College, assume no responsibility or liability, direct or indirect with respect to my participation in the Hoops for Hope Basketball Tournament (hereinafter "Tournament") held on Sunday, March 17, 2019 or any rescheduled date thereafter at McCann Recreation Center, located on the campus of Marist College in Poughkeepsie, New York.

I know that participating in the tournament is potentially hazardous. I should not enter and participate unless I am medically able and in good health. I assume all risks associated with participating in the Tournament, including but not limited to, falls, contact with other participants, effects of the weather, and conditions of the court.

I hereby release from and waive any claims against, HFH and/or Marist College resulting from my participation in the aforementioned Tournament. I understand that, in exchange for my participation in the Tournament, and by signing this Waiver, I am giving up the right to bring a claim of any kind against HFH and/or Marist College directly or indirectly for conducting the tournament.

I do hereby authorize HFH, and its subsidiaries, affiliates, directors, trustees and independent contractors to use my name, photograph, audio or video picture or other likeness for publicity and other promotional purposes. All rights of privacy are waived in connection with the use of this material.

In connection with any injury sustained or illness or medical conditions experienced during my attendance in connection with the Tournament, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. Additionally, I authorize medical treatment for me, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

I agree to abide by the rules of the tournament.

I certify that I am or will be over the age of 18 as of Sunday, March 17, 2019.

\_\_\_\_\_  
Player Name (PRINT)

\_\_\_\_\_  
Player Signature

Player Address (Street, City, State) (PRINT) \_\_\_\_\_  
\_\_\_\_\_

Player email address \_\_\_\_\_