

Annual Oberlin Outdoor Basketball Festival

Please fill out this form and mail or drop off at the *Oberlin Recreation Division*
69 South Main Street, Oberlin, OH 44074. Please make all checks or money orders payable to the:

OBERLIN RECREATION DIVISION

Team Name: _____

Manager/Coach: _____

Address: _____

Phone: (H) _____ (W) _____

Cell Phone: _____ E-mail: _____

Please indicate your first and second preferred playing time in the first round by marking the times with a #1 and #2, respectively.

10:00am _____ 11:00am _____ 12:00pm _____ 1:00pm _____

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Team Name: _____

Manager/Coach: _____

Address: _____

Phone: (H) _____ (W) _____

Cell Phone: _____ E-mail: _____

Team Roster

Print Name:	Team Number:	Print Name:	Team Number:
1) _____	_____	7) _____	_____
2) _____	_____	8) _____	_____
3) _____	_____	9) _____	_____
4) _____	_____	10) _____	_____
5) _____	_____	11) _____	_____
6) _____	_____	12) _____	_____

I hereby swear, that the aforementioned names, meet the eligibility requirements and conform to the rules of the Oberlin Recreation Department's Outdoor Basketball Festival.

Signed: _____

Manager/Coach

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WAIVER OF LIABILITY

The City of Oberlin requires that each team member read and sign a **“Waiver of Liability”** statement. The Statement is below. Each team member must sign on the line below the statement. This completed form is due to the Tournament Director (15) minutes prior to your first scheduled game.

To Whom It May Concern:

I, the undersigned, by participating in Annual Oberlin Outdoor Basketball Festival sponsored by the City of Oberlin understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, for myself, my heirs, my executors and administrators agree to release the City of Oberlin, its elected officials, employees and volunteers from all claims resulting from any and all damage or injuries sustained while participating in Annual Oberlin Outdoor Basketball Festival.

Team Name: _____

Signed:

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |