



25th ANNUAL MASTERS BASKETBALL TOURNAMENT
CAPE TOWN 24-26 SEPTEMBER 2009
Venue: UCT Sports Complex

PLAYER REGISTRATION FORM

Player's name:		Date:	
Team name:			
Date of birth:		Age Group:	
Contact number:		Gender:	
email address:			

SA MASTERS BASKETBALL – NATIONAL CHAMPIONSHIPS 2009 RELEASE AND WAIVER

In consideration of the permission granted me by the SA Masters Basketball – National Championships, accepting my entry to participate in the 2009 S.A. Masters Basketball - National Championships Tournament and any and all related events and activities, I the Undersigned for myself, my heirs, assigns and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE SOUTH AFRICAN MASTERS BASKETBALL ASSOCIATION AND THEIR REPRESENTATIVES from all liability to the Undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of actions, damages, losses and liabilities, costs, expenses and compensation on account of my death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above activity or event, and do agree to do so at my own risk.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Release and Waiver contains the entire agreement between the Undersigned and S.A. MASTERS BASKETBALLASSOCIATION, and the terms of the Release and Waiver are contractual and not a mere recital.

IN WITNESS WHEREOF, I have executed this Release and Waiver on _____, 2009.

By: _____

Printed Name of Signator: _____

I asked the Signator if he understood what is being signed.

Witness: _____

Printed Name of Witness: _____