



## 3-on-3 Tournament Waiver for Saturday, March 29, 2025 Mayville State University, Mayville, ND

<b>Division</b>		<b>Grade</b>	
<b>Team Name</b>			
<b>Coach Name</b>			
<b>Player Name</b>			

### ***Waiver of Release & Liability***

I give my permission for my son or daughter (listed above) to play in the Comet Athletic Club 3-on-3 Basketball Tournament.

I understand Mayville State University along with the Comet Athletic Club has no responsibility, assumes none, and does not carry accident insurance for the benefit of any players or fans.

I assume full responsibility for my son's or daughter's medical expenses and well-being and waive all claims against the tournament managers, tournament officials, Mayville State University, and Comet Athletic Club should an injury occur, whether on the premises of or any other premises in which said tournament takes place.

<b>Parent Signature</b>	
<b>Date</b>	

A completed form for each player must be returned to the Tournament Manager on or before March 29, 2025.

Preference complete and send form to [CAC3on3@MayvilleState.edu](mailto:CAC3on3@MayvilleState.edu).