



South MS Child Advocacy Center
March Madness Basketball Tournament
Sign-up Sheet

PARTICIPANT RELEASE, WAIVER, AND CONFIDENTIALITY AGREEMENT

1. **Waiver and Release.** I, _____ (print name) , hereby acknowledge that I have voluntarily agreed to participate in a basketball tournament hosted by the South MS Child Advocacy Center of Canopy Children's Solutions ("Canopy"). I am aware that participating in the basketball tournament could result in injury, and I am voluntarily entering into these activities with knowledge of the risk involved and hereby agree to accept any and all risk of injury or death. In consideration of being permitted to participate in the basketball tournament by Canopy, I, for myself, my spouse, my legal representatives, heirs, and assigns, hereby release, waive, and discharge Canopy, its shareholders, directors, officers, employees, agents, instructors, or any affiliated person or organization, and each of them, and their respective owners, employees and instructors, hereinafter called releases, from all liability to me, my spouse, legal representatives, heirs and assigns, for any and all damage, any claim for damages resulting therefrom, on account of injury to my person or property, even resulting in death, whether caused by negligence of Canopy or otherwise while I am taking part in the basketball tournament.
2. **Assumption of Risk.** I hereby assume full responsibility for the risk of bodily injury or damage due to the actions of Canopy or otherwise while participating in the basketball tournament. I specifically acknowledge the possibility of loss, damage, injury or death due to the failure of equipment, change in weather conditions, accidents, mistakes, and acts of God, and specifically assume the risk with regard to same. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all the risks that may be created, directly or indirectly, by any such condition.
3. **Insurance.** I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating. In the alternative, I agree to bear the costs of such injury or damage myself. I understand that Canopy does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or property damage. I expressly waive any such claim for compensation or liability on the part of Canopy beyond what may be offered freely by Canopy in the event of such injury or medical expenses incurred by me.

4. **Confidentiality.** I hereby understand and acknowledge that during my time spent with Canopy, I may have access to Confidential Information not generally known to the public and agree to hold this information in strict confidence, and will not disclose or use such information.
5. **Other.** I expressly agree that this release waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Mississippi, and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full force and effect. In the event that I file a lawsuit against Canopy Children's Solutions, I agree to do so solely in the State of Mississippi, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

I hereby release Canopy, any authorized person and all of their employees and representatives from any and all claims arising out of any publication, exhibition or the use of such digital photographs, slides, films, audiotapes, videotapes, and negatives or arising out of any use of my likeness, voice or personality. I understand that such photographs, slides, films, audiotapes, videotapes, and negatives shall remain the sole property of Canopy.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CANOPY CHILDREN'S SOLUTIONS, AND OR PERSONS OR ORGANIZATIONS AFFILIATED WITH IT, AND I HAVE SIGN THIS ON MY OWN FREE WILL.

Signature of Participant: _____

Signature of Parent/Guardian (for minors): _____

Address: _____

Email Address: _____

Phone: _____

Date: _____