



HILLCREST INVITATIONAL TOURNAMENT

Hillcrest Lutheran Academy

610 Hillcrest Drive

Fergus Falls, MN 56537

cbrue@ffhillcrest.org

Phone: 218-737-6424

Fax: 218-739-3372

2012 H.I.T. RELEASE FORM

Team Name _____

All players named on the Roster Form must read and sign (and their parents if required) the information release given below:

“There are inherent risks associated with my participation in the Hillcrest Invitational Tournament. (Also known as the H.I.T.) I hereby agree to release and discharge Hillcrest Lutheran Academy, the Church of the Lutheran Brethren of America, the Minnesota State Community and Technical College-Fergus Falls, the Fergus Falls Independent School District #544, the Fergus Falls YMCA, H.I.T. sponsors, H.I.T. managers and officials, H.I.T. organizers, their affiliated companies and organization, and their officers, owners, partners, directors, agents and employees, from all actions, suits and demands whatsoever in law or in equity, including but not limited to those relating to the risk of loss of personal property by theft or otherwise in the Hillcrest Invitational Basketball Tournament.”

If the participant is under 18 years of age, a parent or legal guardian must also read and acknowledge by signing, that their son / daughter is permitted to participate according to the above release.

_____	_____	_____
Player Signature	Parental Signature (if player is under 18)	Date
_____	_____	_____
Player Signature	Parental Signature (if player is under 18)	Date
_____	_____	_____
Player Signature	Parental Signature (if player is under 18)	Date
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_____	_____	_____
Player Signature	Parental Signature (if player is under 18)	Date

Bring your release form to your first game, or you may send it to:

Charles W. Brue, Hillcrest Lutheran Academy, 610 Hillcrest Drive, Fergus Falls, MN 56537