THE COLLEGE BASKETBALL EXPERIENCE

The College Basketball Experience
(816) 949-7516
TEAM ROSTER - WAIVER

NAME OF TEAM:_____ ***2009 CBE Men's Downtown Basketball League - Winter Session***

Print or Type Name:	**Player's Signature:**	**Email:**	**Cell Number:**

ALL PLAYERS MUST SIGN ROSTER

In consideration of participating in the CBE Basketball League, I hereby, for myself, my heirs, my executors, and administrators, waive any and all rights and claims for damages I may have against the College Basketball Experience, National Association of Basketball Coaches, sponsors, coordinating groups and any individuals associated with the event, their representatives, successors and assignees for all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I recognize that there may be potential hazards in this activity. I certify that I am in good enough physical condition to participate in this activity. In filling out this form, I acknowledge that I am an amateur in such events. I also give my permission for the use of my likeness and/or photograph in any broadcast, telecast or print media by the CBE. By filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Manager's Signature:_____ Home Phone:_____ Work Phone:_____

Address:_____ City/State/Zip:_____