

# Southridge Shootout



February 22—23, 2025

## 2025 Southridge Shootout Basketball Tournament Parental Release

TEAM NAME: \_\_\_\_\_ High School that Grade Schools feed into: \_\_\_\_\_

**Signature of School Official verifying accuracy of Grade School / High School / Grade level representations**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Grade \_\_\_\_\_

This form must be completed and returned to Southridge Shootout, C/O Matt Hiter, PO Box 9, Huntingburg, IN 47542 prior to any game being played **or no participation will be allowed and no return of entry fee will be given.**

I/We hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death (Risks) to my/our children / guardians that exist as a result of their participation in athletic endeavors offered or hosted by Southridge Shootout, The Tournament Director, the Huntingburg Optimist Club, Southwest Dubois County School Corporation, their owners, agents, employees, officers, volunteers, and other individuals or entities operating on behalf of "Southridge Shootout" (Sponsors). I/We do hereby agree to save, hold harmless and indemnify Sponsors for any claims or Risks that we or our children / guardian may sustain as a result of participation in Southridge Shootout.

In the event that I/We or my/our children/guardian (Participants) suffer some type of injury or illness which requires immediate medical treatment, I/We do hereby consent to and authorize the administration of such first aid and/or medical treatment to Participants by Sponsors and or to arrange for ambulance transportation to an appropriate medical facility for Participants.

I/We hereby certify that the below information regarding the grade and grade school the player is enrolled in and the above mentioned High School the grade school feeds into is accurate. **We understand that Southridge Shootout is a "School Tourney";** not an AAU or all-star tourney for players from different schools that feed into different High Schools. I/We understand that grade level and grade school confirmation must be available upon request by the Tournament Director. In the event it is determined that the below information is not accurate, I/we understand that our team and each individual will forfeit all fees and admissions paid to attend Southridge Shootout and be removed from the tourney; with no refunds. Furthermore, by signing below I/We agree to abide by all rules established by Sponsors to govern the tournament both on and off the court.

Player Names	Grade	School Enrolled In	Parent / Guardian Signature	Date
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Coach name: \_\_\_\_\_ email \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_