

# Slam Dump Basketball Tournament

## Saturday, April 8th

### MHS Fieldhouse

Forms & payment must be submitted to a Slam Dump representative  
or mailed to: Dan Hershberger 4100 Misty Valley Drive, Middleton, WI 53562  
by Sunday, **April 2nd.**

#### Payment Options:

Check for \$20 made out to: **Together for Transformation**  
Please put "**ATTN: AFE**" on the memo line.

\$20 in cash

*[All proceeds will benefit AFE school in Honduras]*  
Additional donations are much appreciated!

### Liability Release Form

**Event: Slam Dump Basketball Tournament**

**Participant:** \_\_\_\_\_

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above. By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the hosts of the event, and/or volunteers from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, as the minor's guardian, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is under 18:

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Insurance Company: \_\_\_\_\_

\*Account & Group #: \_\_\_\_\_