

**SOCIETY OF SAINT PIUS X**  
**ST. LOUIS 2020 BASKETBALL TOURNAMENT**  
**RELEASE OF LIABILITY AGREEMENT**



I, (Full Name of Player) \_\_\_\_\_ ,

of (Full Address) \_\_\_\_\_ ,

being the age of eighteen or over, do choose to participate in the basketball event held at: **7401 Balson Ave., St. Louis, MO 63130** on the **21<sup>st</sup>** day of **March 2020**. I further consent to allow any of the priests of the Society of Saint Pius X, or whomever they so delegate to transport myself to and from said event. *[Strike out previous sentence if not applicable, e.g. Individual is driving himself to event].*

I further release and hold harmless \_\_\_\_\_,  
Name of SSPX "home" church and/or school where individual is associated

The Society of Saint Pius X, South-West District Inc., and any and every of its churches, chapels, schools, or other subsidiaries or affiliates, and any and every of the priests, delegates, drivers, volunteers, agents, employees, officers or directors of these entities from any liability or claim of liability, including negligence, and for any and all damages, including, but without limitation, personal injury, property damage, economic damages, consequential damages and incidental damages, (and especially including, but without limitation, personal injury arising from a motor vehicle accident or personal injury incurred in the basketball game itself), which liability or claim of liability, and which damages arise from or relate to activities which take place during the basketball event or in the travel to and from said event.

Dated \_\_\_\_\_

\_\_\_\_\_  
Individual

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Team Captain: \_\_\_\_\_

**SOCIETY OF SAINT PIUS X**  
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**MEDICAL TREATMENT CONSENT FORM**

Should I ever become unconscious or unable to give my consent, I, \_\_\_\_\_,

Name of Individual

being the age of eighteen or over, and of sound mind and judgment, do hereby consent, to any hospitalization or medical treatment by any licensed physician in the case of illness or injury to myself, arising from or relating to events or activities which take place in the travel to and from and during the basketball event held at **7401 Balson Ave., St. Louis, MO 63130** on the **21<sup>st</sup>** day of **March 2020** or while I am otherwise within the custody of any of the priests, delegates, drivers, volunteers, agents, employees, officers or directors of The Society of Saint Pius X, South-West District Inc., or of any of its chapels, schools or other subordinates or affiliated organizations in connection with said basketball event.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

**Insurance Information\***

**Insurance Co. Name** \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Phone # (\_\_\_\_\_) \_\_\_\_\_

**Group #** (Plan, Local, or Policy #) \_\_\_\_\_

**Policy Owner's Name** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Policy Owner's Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Owner's Social Security # \_\_\_\_\_

Policy Owner's Employer \_\_\_\_\_

Player's Social Security # \_\_\_\_\_

**Medical Information\***

Brief medical history, including allergies and restricted medications: \_\_\_\_\_

\_\_\_\_\_

Physician's name, phone and address: \_\_\_\_\_

\_\_\_\_\_

**In case of emergency, please call:** \_\_\_\_\_

\* Please complete all the above requested information. **Items above in red text must be completed.** All individual player and personal forms are shredded after the tournament for your security.