Southwest Salsa Slam Invitational Basketball Tournament

April 30-May 3, 2026

RELEASE OF LIABILITY

This form is a legally binding document. By signing below, the undersigned acknowledges and agrees that participation in basketball and related tournament activities involves inherent risks, including but not limited to bodily injury, illness, permanent disability, or death.

The undersigned fully understands and voluntarily assumes all risks associated with participation in the SW Salsa Slam basketball tournament and any related activities organized by .

In consideration for being permitted to participate, the undersigned, on behalf of the participating player and his/her parents, guardians, heirs, executors, administrators, and assigns, hereby releases, waives, discharges, and covenants not to sue New Mexico Clippers, their officers, directors, coaches, agents, employees, volunteers, sponsors, referees, event staff, athletes, participating teams, parents, spectators, and all host facilities including Bernalillo Public Schools , Duke City Sportsplex, Academy High School, Lebacy Church, the Pueblo of Santa Ana, and each of their respective officers, employees, representatives, and agents, from any and all liability, claims, demands, actions, causes of action, damages, losses, costs, or expenses of any kind, whether known or unknown, arising out of or related in any way to participation in this tournament.

The undersigned further agrees to indemnify, defend, and hold harmless New Mexico Clippers, New Mexico Seect, all tournament personnel, all participating venues, and affiliated entities from and against any and all claims, liabilities, damages, losses, or expenses, including attorney fees, arising from or related to the participant's involvement in the tournament.

The undersigned acknowledges that all medical insurance coverage for the participant is solely the responsibility of the participant and/or parent or legal guardian. New Mexico Clippers, New Mexico Select, tournament staff, and host facilities do not provide medical insurance coverage and are not responsible for medical expenses incurred as a result of injury sustained during participation.

By signing below, the undersigned certifies that he/she has carefully read this document, fully understands its contents, understands that substantial legal rights are being waived, and signs it freely and voluntarily.

Team Name: _____ **Division:** _____

Print Participant Name	Date	Parent/Guardian Print Name	Parent/Guardian Sign and Date