



Individual Abilities in Motion

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# Welcome to the Annual Abilities Tip Off COLLEGE BASKETBALL WITH A TWIST!

Date: November 17<sup>th</sup>

Location: University of Scranton Byron Gym 1200 Ridge Row Scranton, PA 18510

Teams entering this double elimination tournament will compete in a three on three format with a guaranteed minimum of two games. Each teams shall consist of 5 to 8 players and are asked to have a minimum of one female and one male on the court at all times. The games are expected to last approximately 25 minutes and schedules will be sent out prior to the event. Play will begin at 9 AM. Whichever team wins the tournament will receive a prize along with their team name engraved onto the Tip Off Trophy to be displayed at their school for the year. Additional student activities, games, and prizes(best team name)will also be part of the event.

### Early Registration Deadline: Oct. 24<sup>th</sup> @ 11PM

The entry fee is \$10 per person and will include a tee –shirt and food, as well as 3 tickets for the \$50 student only raffle.

### Registration Deadline: Halloween Oct.31<sup>st</sup> @ 11PM

The entry fee is \$15 per person and will include a tee –shirt and food, as well as 1 tickets for the \$50 student only raffle.

Please read the attached rules for more details. If there are any questions contact your Abilities Tip Off liaison listed below or I AM directly via above contact information.

### School Liaison:

## Sign-Up List

**Team Name:**

**Captain:**

Name	Shirt Size S M L XL XXL	Contact Info: phone or email	Signature Indicates acceptance of Wavier and Release

**Waiver and Release** **Name and Likeness Release.** In consideration for me being permitted to participate in the Activity organized by Individual Abilities In Motion, Inc. ("I AM") I hereby grant permission to I AM to utilize my name, voice and likeness (including but not limited to video of my appearance at the Activity) in any and all manner and media, now known or hereafter developed. **Assumption of Risk.** I understand that I will be engaging in activities that may involve the risk of serious personal injury, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I assume all of the foregoing risks including the risk of any negligence by other participants, I AM or any of the organizers or volunteers of the Activity and the risk of injury caused by the condition of any property, facilities or equipment used during the Activity. **Release.** I hereby release and forever discharge and agree to save and hold harmless I AM, the owners of property and equipment used for the Activity, and volunteers associated or affiliated with the Activity, the organizers of the Activity and each of their respective directors, officers, employees and agents, and the other participants in the Activity (each such entity or individual being referred to as a "Released Party") of and from any and all injuries (including personal injury, disability, dismemberment, death and damage to property), illness losses, damages, claims, liabilities or expenses of any kind or nature (and whether accruing to me, my heirs or my personal representatives) that I or my property may suffer that are caused or alleged to be caused in whole or in part by the action, negligence, failure to act or condition of the property, facilities or equipment of any Released Party and that arise out of or in connection with the Activity or my participation therein. **Medical Treatment.** In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in or attendance at the Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am unable to act on my own behalf. I acknowledge that I have freely and voluntarily signed this Waiver and Release, intending to be legally bound thereby.