**St. Vincent Alumni Basketball Game Waiver**

**CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Graduation Year: \_\_\_\_\_\_\_\_\_\_

**ENTRY FEE**

Entry fee is $50.00 per participant. Make checks payable to St. Vincent High School

**WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not hold St. Vincent de Paul Catholic High School, St. Vincent de Paul Parish, or anyone associated with the St. Vincent Alumni basketball games responsible or liable in case of accident or injury during the games.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

E-mail or mail the completed waiver to the following:

Bruce Valleroy, Athletic Director or Bruce Valleroy

[bvalleroy@svdepaul.org](mailto:bvalleroy@svdepaul.org) 210 S. Waters St.

Perryville, MO 63775