

# HOOP SHOOT CONTEST

## CONTEST DETAILS

**OPEN TO ALL TEXAS MEDICAL CENTER FACULTY, STAFF, RESIDENTS, STUDENTS + SPOUSES**  
Men's + Women's Divisions  
Attempt ten 3—point shots, ten free throws + two from half—court!

## PLAYER ELIGIBILITY

Open to all Texas Medical Center Faculty, Staff, Residents, Students + Spouses  
*Players must be directly affiliated with the Texas Medical Center —TMC Institution ID required upon request.*

## ENTRY "FEE"

*Includes:* Equipment + T-Shirts for Contest + Division Champions  
FREE—UTHealth Students + Current Rec Center Members  
\$5—All Other Texas Medical Center Institutions [Payment due by cash or check only on the day of the event.]

## DATES + TIMES

Wednesday, April 3 or Thursday, April 4th from 5:00—7:00PM or By Appointment  
Stop by anytime during the window timeframe!

## LOCATION

UTHealth Auxiliary Enterprises – Recreation Center Outdoor Basketball Courts at 1832 West Road

OPTION #1	OPTION #2
Wednesday, 4/3 from 12—1 or 5—7PM	Thursday, 4/4 from 12—1 or 5—7PM

## REGISTRATION

Early registration is recommended, but walk—ins are welcome!  
**Enrollment is open from Monday, March 4th—Thursday, April 4th, 2019.**  
To register, make sure membership is current + submit Registration Form by:  
(1) E-Mail to sarah.e.galecki@uth.tmc.edu  
(2) Fax to 713-500-8409—Attention: Sarah Galecki  
(3) At the Rec Center —Weekdays: 5:30AM—10PM, Saturday: 8AM—8PM + Sunday: 10AM—8PM

## QUESTIONS?



**Contact Sarah Galecki—Recreational Program Manager**  
sarah.e.galecki@uth.tmc.edu  
Office: 713-500-8422  
[www.uth.edu/recreation-center](http://www.uth.edu/recreation-center)

PLAYER INFORMATION	
NAME	TMC INSTITUTION
E-MAIL	DEPARTMENT/SCHOOL
PHONE # FOR LAST MINUTE NOTIFICATIONS	STUDENT/RESIDENT/STAFF/FACULTY/SPOUSE

## ASSUMPTION OF RISK AND RELEASE WAIVER

I, \_\_\_\_\_, have volunteered to participate in the 3—POINT + FREE THROW CONTEST activity at The University of Texas Health Science Center at Houston (UTHealth) Recreation Center. I realize that such exercise, in some circumstances, elicit certain complications such as abnormal blood pressure, dizziness or fainting, irregular heart rhythms and, in some instances, heart attack or stroke. I accept the risks associated with such exercise and understand that I may cease participation at any time and for any reason, including feelings of fatigue or any other discomfort or concern. I further understand that, in connection with participation in this activity, it is my responsibility to disclose all relevant information regarding my health status and any previous experiences of unusual responses, symptoms, complications or other issues due to physical effort. I also understand the importance of my promptly reporting any concerns or discomfort I may experience with effort during exercise. I hereby release and hold harmless UTHealth, The University of Texas System, and their regents, officers, employees and representatives from liability for injury or death or damage to property that may result from my participation in this activity. I have read this form and understand the procedures and risks involved and consent to participating in the 3—POINT + FREE THROW CONTEST. Any questions I have regarding these procedures have been answered to my satisfaction. By signature below, I consent agree to all terms of this Informed Consent as set forth above.

PARTICIPANT'S SIGNATURE	DATE
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## FRONT DESK STAFF DIRECTIONS

Verify TMC Institution ID, ensure Registration Form is complete + put in binder for RECSPTS. No CSI Program Registration + no payment due yet!