



WAIVER AND RELEASE OF LIABILITY FORM

HOOP LAB & TEAM CAROLINA AAU

NOTE: This form must be read and signed before the participant is allowed to take part in any training, competition, meeting, or testing sessions. By signing this form, the participant affirms having read it.

Participant's Name: (Please Print) _____

Sponsoring Organizations: JWB Elite Training, AAU, Hoop Lab, Hoops City Basketball Club, and its coaches and administrators. In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree that:

- 1) I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property;
- 2) I knowingly and freely assume all such risk; and
- 3) I for myself, and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue JWB Elite Training, AAU, Hoop Lab, Hoops City Basketball Club, or its coaches and administrators and their officers, official agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss of or damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above Waiver and Release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participant's Signature

Date Signed

FOR ATHLETES OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian of this participant, do consent to his/her release of AAU, JWB Elite Training, Hoop Lab, Hoops City Basketball Club, and its coaches and administrators from any and all liabilities incident to his/her involvement in the programs conducted by Hoops City Basketball Club. We have read the above Waiver and Release, understand that we have given up substantial rights by signing it and sign it voluntarily.

Participant's Signature

Date Signed

Parent/ Guardian

Name Relationship

(Please Print)

Parent/ Guardian Signature