

DALLAS MAVERICKS MINI MAVS CLINIC WAIVER AND RELEASE,
AUTHORIZATION, AND ACKNOWLEDGEMENT

I represent that I am the parent or guardian with legal responsibility for _____ (the minor "Participant"). In consideration for allowing Participant to voluntarily participate in the Dallas Mavericks Mini Mavs Clinic ("Clinic") and all related activities (collectively the "Activities"), I, on behalf of myself and the Participant, the Participant's parents and family, and its or their agents, personal representatives, next of kin, heirs and assigns (collectively the "Waiving Parties") **HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS OF WHATEVER KIND OR CHARACTER, WHETHER ARISING IN CONTRACT OR IN TORT, AND INCLUDING WITHOUT LIMITATION FOR NEGLIGENCE OR GROSS NEGLIGENCE, THAT WAIVING PARTIES MAY HAVE AGAINST THE RELEASED PARTIES FOR PERSONAL INJURY, ACCIDENT, DISFIGUREMENT, MEDICAL EXPENSES, LOST WAGES, LOSS OF EARNING CAPACITY, ATTORNEYS' FEES, COURT COSTS OR PROPERTY DAMAGE RESULTING IN WHOLE OR PART FROM ANY PARTICIPATION IN THE ACTIVITIES.** The "Released Parties" are (i) Dallas Basketball Limited d/b/a Dallas Mavericks; (ii) the National Basketball Association; (iii) owners and lessors of any premises used to conduct the Activities; (iv) sponsors; (v) any parent, subsidiary, affiliate, predecessor, successor, or assign of the entities named or described in (i)-(iv); (vi) any current, former, or future officer, director, partner, owner, member, manager, agent, employee, representative of the entities named or described in (i)-(iv); (vii) any instructor or coach; and (viii) any other participant.

I authorize the Released Parties to obtain emergency medical treatment for Participant, including, if necessary, surgical procedures, if Participant is injured or becomes ill during the Activities, even if the Released Parties are unable to contact me. I further agree that any expenses for medical treatment received by Participant as a result of any injury or illness during the Activities is my sole responsibility. I authorize the Released Parties to use for publicity and advertising purposes, any photographs taken of Participant at the Hoops Camp.

I acknowledge that (i) the Clinic involves fast-paced, physical activities and (ii) given the nature of the Clinic and the number and age of the participants and the number of Clinic staff, it is important that participants be able to take direction and instruction from staff and interact appropriately with others. I agree to discuss with the Clinic staff in advance of the camp any physical or mental condition or other special needs that may limit or prevent the Participant from meaningfully and safely participating in the Activities or otherwise may require a reasonable accommodation or modification. Clinic staff will attempt to accommodate Participants with such conditions or special needs where practicable on a case-by-case basis.

By my signature below, I acknowledge represent that I have carefully read this Waiver and Release, Authorization, and Acknowledgement and fully understand and agree to its contents and meaning.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Emergency Contact #: _____

Camp Location: _____

Camp Date: _____