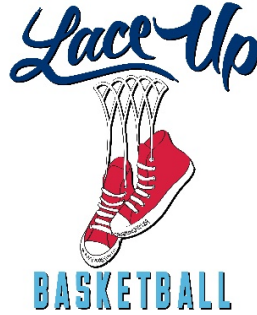


Waiver, Assumption of Risk, and Photo Release for Lace Up Basketball League



I, _____, am the _____ of _____, hereby fully waive, release indemnify, protect, defend, and hold harmless Lace Up, LLC, its staff, private contractors, and any or all persons involved in Lace Up, LLC, which will be played on March 25, April 7, 8, 15, 21, 22, 29, May 12, 13, and 20, 2018 from 6:00 PM-9 PM at Wildcat Sport & Fitness at Mayfield High School, from any claim or liability of whatsoever kind or nature, including but not limited to personal injury, including loss of life, or loss of any kind and/or property damage, court costs, attorneys' fees and interest, as a result from my participation in the Lace Up Basketball League.

I hereby acknowledge and understand that there are dangers and risks associated with the sport of basketball and the Lace Up, LLC basketball league. I hereby abide by all rules, instructions, policies and procedures imposed by Lace Up, LLC and Wildcat Sport & Fitness relating to the use of the facilities and rules/regulations for the Lace Up Basketball League.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and hereby fully agree to use our best judgement while engaging in any activities related to Lace Up, LLC, Wildcat Sport & Fitness, and the Lace Up Basketball League. We further agree to indemnify and hold harmless Lace Up, LLC, its staff, private contractors, and any or all persons involved in Lace Up, LLC from and against any and all liability incurred as a result of or in any manner related to my participation in the above activities.

I do hereby grant and give Lace Up, LLC the right to use my or my photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion, and the Lace Up, LLC website.

I hereby certify that I am executing this Waiver, Assumption of Risk, and Photo Release, and am doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, the executor, my heirs, and administrators or assigns to the fullest extent, and that I fully understand everything mentioned above.

Print Name of Player: _____

Player Signature (Parent Signature if player under the age of 18): _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone of Contact: _____

This athlete has family medical insurance: ____ YES ____ NO If yes, the player is covered by:

Insurance Company: _____ Policy # _____ Effective Date: _____