

BASKETBALL DEVELOPMENT CLINIC PERMISSION AND RELEASE FORM

PARTICIPANTS UNDER THE AGE OF MAJORITY MUST HAVE THE FOLLOWING WAIVER SIGNED BY A PARENT OR GUARDIAN.

All participants must bring signed waiver to registration prior to the event.

First Name: _____
Last Name: _____

Birthdate: ____/____/____ Age: _____ Height ft: _____ in: _____
 dd mm yr

Address: _____ City: _____ Province: _____ Postal Code: _____

Tel: Home: (____) _____ Mobile: (____) _____ E-mail: _____

*** Please indicate what information you would like to receive:**

- future email communication regarding Maple Leaf Sports & Entertainment Ltd. community outreach initiatives.
- future email communication regarding Maple Leaf Sports & Entertainment Ltd. ticket and merchandise offer, news and headlines, event information and special promotions.
- future email communication regarding Exclusive offers and special opportunities from MLSE partners.

In consideration of the individual whose name is set forth above (the "Participant") being permitted by Maple Leaf Sports & Entertainment Ltd. ("MLSE") to participate in the Basketball Development Clinic, events and activities related thereto (collectively, the "Program"), Participant and if Participant is under the age of majority in the province in which Participant resides, I _____, the parent or legal guardian of the Participant, on behalf of Participant, hereby:

1. (a) acknowledges that Participant's participation in the Program involves risk of serious bodily injury, death, property damage and/or other harm which might result not only from the Participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the premises or of any equipment used, and that there may be other risks not known or reasonably foreseeable at this time; and (b) accepts sole responsibility for all of the hazards and risks to Participant and Participant's property associated with or related to Participant's participation in the Program and for any damage or injury that Participant may cause to others;
2. releases, waives and forever discharges any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which Participant or any of Participant's representatives, heirs, next of kin or assignees ("Participant's Representatives") may have or which may hereinafter accrue to Participant or Participant's Representatives as a result of Participant's participation in the Program or otherwise and which may be asserted by Participant, or Participant's Representatives against Maple Leaf Sports & Entertainment Ltd., the National Basketball Association, its member teams, NBA Properties, Inc. ("NBAP"), NBA Canada Inc., NBA Media Ventures, LLC, and each of their respective officers, directors, governors, owners, and affiliates, its members and each of their respective related entities, subsidiaries, sponsors and affiliates and each of their respective officers, directors, owners, governors, officials, employees, agents, representatives, successors and assigns (collectively, the "Released Entities"), whether caused by the acts, omissions or negligence of the Released Entities or by any other person or entity, including, but not limited to, any loss of collegiate or high school eligibility as a result of Participant's participation in Program (it is recommended that, before registering for the Program, each would-be participant contact his/her coach, athletic director and/or amateur athletic governing body to ensure that such eligibility would not be affected by participating in the Program);
3. agrees to indemnify and save and hold harmless the Released Entities and each of them from loss, liability, damage or cost they may incur due to the undersigned's participation in the Program, whether caused by the negligence of the Released Entities or otherwise.
4. grants permission to the Released Entities to collect and utilize the personal information of Participant provided above to administer and conduct the Program and to collect and use Participant's name, voice, statements, photograph, image, likeness, actions at the Program and/or Participant's biographical data in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, for promotional, commercial or any other purpose, in perpetuity worldwide on standard and non-standard television, home video, print, electronic and on-line media (including, without limitation, the Internet), and in any other means of distribution, publication or exhibition, whether now known or hereinafter created without any additional consideration in connection with the Program, future programs, and the marketing, advertising and promotion thereof. Without limiting the generality of the foregoing, I hereby give permission to MLSE and NBAP and each of their respective officers, directors, governors, owners, and affiliates to collect and use Participant's contact information (being my name, address, telephone number and e-mail address) to communicate with Participant about upcoming MLSE and NBA events, ticket and merchandise offers and special promotions, and share Participant's contact information with MLSE and NBA corporate partners to receive exclusive offers and special opportunities from such partners/suppliers/advertisers. For more information on MLSE's privacy policy, visit www.theaircanadacentre.com or send an email to the privacyoffice@mapleleafsports.com. If at any time Participant would like to withdraw Participant's consent to any future communication with MLSE, Participant may do so by sending an e-mail to privacyoffice@mapleleafsports.com indicating Participant's desire to withdraw from any future communication from MLSE; and
5. if not signed by Participant's parent or guardian, represents that Participant has reached the age of majority in his/her province; and
6. acknowledges that the Released Entities are relying on the grant of rights contained herein.

Participant's Signature: _____ Date: _____

Parent or Legal Guardian's Signature _____ Print Name of Parent or Legal Guardian: _____
(if Participant is under the age of majority in the Province in which s/he resides)

*Optional fields