

## LOS ANGELES CLIPPERS SUMMER CLINIC WAIVER

As a participant, or as the parent or guardian of a minor participant, in the Los Angeles Clippers Summer Clinic, please complete the following waiver form. Players will not be allowed to play in the Los Angeles Clippers Summer Clinic without a completed and signed waiver form.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

In consideration of the participant of the individual listed above (the "Player") in the Los Angeles Clippers Summer Clinic (the "Clinic"), I hereby agree, or hereby give permission for the Player, who is my child or ward, to participate in the Los Angeles Clippers Summer Clinic and I hereby:

1. acknowledge and fully understand that the Player will be engaging in activities that involve risk of serious injury or death which might result not only from the Player's actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the conditions of the premises or of any equipment used and that there may be others risk not known to me or not reasonably foreseeable at this time;
2. assume all the foregoing risks and accept personal responsibility for the damages following any such injury, permanent disability or death of Player;
3. release, waive and discharge any and all claims of damage for death, personal injury or property damage which I or the Player may have or which may hereafter accrue to me or the Player as a result of the Player's participation in the Clinic or otherwise, whether known or later discovered, and which may be asserted by me or the Player against NBA Properties, Inc., the National Basketball Association, its Members Teams, The Los Angeles Clippers, The Los Angeles Clippers Foundation, The City of Los Angeles and its departments, and all participating youth organizations and/or each of their respective sponsors, suppliers, affiliates, subsidiaries, related entities, governors, owners, administrators, officers, agents, coaches, directors, employees, others participants in the Clinic, advertisers or owners or leases of the premises used to conduct the Clinic;
4. grant permission of the use of the name and likeness of the Player for promotional or publicity purposes in any medium without further authorization or compensation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name : \_\_\_\_\_

Physician's Number: \_\_\_\_\_

**WAIVERS MUST BE FAXED BACK TO (213)742-7556 BY  
THE DAY OF THE CLINIC OR BROUGHT WITH YOU ON THE DAY OF  
THE CLINIC FOR PARTICIPATION.**