



## General Release Form Wizards Basketball Camps, Summer 2010

M F

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Date of Birth

Sex

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Camp(s)  
Attending

For good and valuable consideration, receipt of which is hereby acknowledged, I release and hold harmless the Washington Wizards, Verizon Center, the National Basketball Association and its Member Teams, NBA Properties, Inc. and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents (the "NBA Parties") from and against any and all claims, causes of action, or demands in relation to or arising out of my performance for the Washington Wizards and further agree to indemnify the NBA Parties for any claims, damages or causes of action in relation to or arising out of the Participation or arising out of any breach of this General Release.

I expressly assume all risk of injury (including permanent disability and death) relating to or arising out of the Participation, or howsoever caused, whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, permanent disability or death. I grant full permission to the NBA Parties to use, without further notification, authorization or compensation, any photographs, videotapes, motion pictures, recordings or other record of the Participation in any and all media, whether now known or hereafter to become known, worldwide and in perpetuity, and I represent and warrant that no further permission is required for the NBA Parties to use the Participation.

I hereby represent and warrant that I have the right to conduct the Participation and that the Participation will not reflect on the NBA Parties. I further represent and warrant that I have full authority to execute this General Release and grant the rights hereunder, and do so with full knowledge of the facts and circumstances surrounding the Participation.

I hereby give my consent for the above child to participate in the supervised basketball camp program of the Washington Wizards.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date