

**MILWAUKEE BUCKS RELEASE AGREEMENT**

For good and valuable consideration, receipt of which is hereby acknowledged, I, the undersigned "Participant", if Participant is a minor, the Participant's parent or guardian, hereby release and hold harmless the Milwaukee Bucks, Inc., 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 relating to or arising out of my participation with the Milwaukee Bucks Dance Team Prep Class, Auditions and Camp to take place at Elite Sport Club North Shore, 5750 Glen Park Rd., Glendale, WI, and/or the BMO Harris Bradley Center, 1001 N. 4<sup>th</sup> Street, Milwaukee, WI, as applicable on or around the following date(s): June 3 – July 30, 2013 (the "Activity"), and further agree to defend and indemnify the NBA Parties for any claims, damages or causes of action relating to or arising out of the Activity.

I expressly assume all risk of injury (including, without limitation, permanent disability and death) relating to or arising out of the Activity, howsoever caused or arising and whether by all acts of negligence or otherwise, and accept personal responsibility for the damages following such injury, permanent disability or death; however, this agreement shall not waive liability for intentional or reckless acts committed by NBA Parties.

I RECOGNIZE THERE ARE INHERENT DANGERS ASSOCIATED WITH THE ACITIVITY, INCLUDING, BUT LIMITED TO, RUNNING, JUMPING, DANCING, GYMNASTICS AND OTHER CARDIOVASCULAR ACTIVITIES, TO WHICH I MAY BE EXPOSED AND I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, PARALYSIS, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE ACTIVITY.

I certify that I am in good health and have no physical impairment, injury, or illness that will make my participation in the Activity dangerous to myself or others. If a medical emergency arises, then I grant permission to NBA Parties' designated personnel to administer first aid to and/or to obtain emergency medical treatment for myself.

I grant full permission to the NBA Parties, by any means, whether now known or hereinafter developed, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use, and to license others to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use, for any purpose, in any manner, without further notification, authorization or compensation to me or anyone on my behalf, my name and likeness, and any photographs, videotapes, motion pictures, recordings, or other record of the Activity (or any part or parts of my Activity) in any and all media, whether now known or hereafter developed, worldwide and in perpetuity, and I represent and warrant that no further permission is required for the NBA Parties to use the Activity as provided herein.

I further represent and warrant that: (i) I have the right to conduct the Activity and that the Activity will not reflect badly on the NBA Parties, and (ii) I have full authority to execute this Milwaukee Bucks Release Agreement and do so with full knowledge of the facts and circumstances surrounding the Activity and the rights that I am granting herein.

I acknowledge that I have read and fully understand the foregoing.

Signature (Participant): \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*If Participant is less than 18 years of age, this Release Agreement must be signed by Participant's parent(s) or legal guardian(s):*

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

Print Name: \_\_\_\_\_