



HUDDLE UP HOOPS RELEASE FORM

PLEASE SIGN BELOW. SIGNATURE REQUIRED TO PARTICIPATE.
RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE.

1. As a participant in this and/or any other program of Huddle Up Hoops LLC, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

2. In consideration of Huddle Up Hoops LLC accepting me or my child's registration, and with intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators and assigns, do hereby forever release, waive and relinquish all claims I have against its officers, agents, servants, employees, officials, facility providers and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss which I may have or my child may have, or which may accrue to me on account of my or my child's participation in this and all other programs of Huddle Up Hoops LLC.

3. I give Huddle Up Hoops LLC the right to use my/my child's photograph or image with or without my/my child's name both single and in conjunction with other persons or objects for any or all purposes, including, but not limited to, private and public presentations, advertising, publicity, and promotions relating thereto.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Child/Participant Name (print) _____

Date _____

If you do not wish to have photos taken of child, please indicate below:



614-943-2737



Huddleuphoops@gmail.com