



DNice Basketball Waiver of Liability

Participant's Name: _____ Practice and Camp Location: The Witherspoon Law Group

I _____, as the parent and/or legal guardian of the participant stated above, have given my daughter/son permission to participate in the Dnice Basketball AAU and I certify that he/she is in good health and can take part in all tryout's activities. I fully understand that participation in Dnice Basketball may involve serious risks and danger that may result in harm, bodily injury and death. While rules, equipment, and personal discipline may reduce the risk, I acknowledge the risk of serious injury does exist.

In the event of an emergency or an injury occurring, I authorize the Dnice staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case.

I, for myself and on behalf of the participant hereby release and hold harmless against any claims, damages, and expenses Dnice Basketball LLC, The Witherspoon Law Group and any of their directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event.

I acknowledge and agree that Dnice Basketball LLC retains the right to use photographs and videos taken of the event participants for publicity and advertising purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENTS.

_____/_____/_____ Printed Name Date

Signature

Age: _____ DOB: _____ Email: _____

Grade-2025: _____ School: _____ Phone: _____