

CONSENT, WAIVER & RELEASE

I, _____, the parent or legal guardian of _____, acknowledge and understand that basketball and other physical activities may involve severe cardiovascular stress and physical contact, and that all of these activities involve the risk of injury, up to, and including, the possibility of death. By signing this form, I voluntarily consent to allow my child to participate in these activities with knowledge of the danger and risk of injury involved. I voluntarily acknowledge and assume all risk of injury and death, and affirm that I am willing to assume responsibility should injury or death result from such participation and use.

Furthermore, I hereby acknowledge and agree that 15280 Keeler Street Gym, JM Storage, LLC, AJ REB, LLC and their members, heirs, assigns, executors and administrators, employees and volunteers are not responsible for any injury, or loss of property, to any person suffered while participating in any activity, including specifically any basketball clinic, workshop, try-out or practice, or any other activity at 15280 Keeler Street Gym, for any reason including, but not limited to, ordinary negligence.

Furthermore, in return for, and in consideration for, the opportunity to use 15280 Keeler Street Gym complex, or participate in activities at 15280 Keeler Street Gym complex, I agree on behalf of myself, my minor child, and my heirs, assigns, executors and administrators, to release and waive any and all legal and/or equitable rights and remedies I may have to seek payment of damages for relief of any kind from 15280 Keeler Street Gym, JM Storage, LLC, AJ REB, LLC, their members, agents, representatives, heirs, assigns, executors and administrators, insurers, employees and volunteers for injury or death resulting from participation in any activity in, or use of, 15280 Keeler Street Gym complex, and specifically release 15280 Keeler Street Gym, JM Storage, LLC, AJ REB, LLC and their members, heirs, assigns, executors and administrators, insurers, employees and volunteers, from the liability for all rights, remedies and damages resulting from injury or death. I further discharge and hold harmless from any liability whatsoever 15280 Keeler Street Gym, JM Storage, LLC, AJ REB, LLC and their members, heirs, assigns, executors and administrators, insurers, employees and volunteers.

I certify that I have read the contents of this Consent, Waiver and Release, and that it is my intention, by signing this form, that it is legally binding not only upon me but also my heirs, executors, administrators, successors and assigns, as well upon my minor child, and his or heirs, executors, administrators, successors and assigns.

Furthermore, I understand that this Consent, Waiver and Release shall be governed by the laws of the State of Kansas, and that if any portion is held invalid, the remainder of the Consent Waiver and Release shall continue in full force and effect. I further agree that the venue for any legal proceedings shall be in the District Court of Johnson County, Kansas.

Participant Name

Participant Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date