



Sky High Hoops General Release Form

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby release and hold harmless the CHICAGO SKY, the Women's National Basketball Association and its Teams, WNBA Enterprises, LLC and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents from and against any and all claims, causes of action, or demands relating to or arising out of my participation as a basketball clinic participant with CHICAGO SKY.

I expressly assume all risk of injury (including permanent disability and death) arising out of my performance, howsoever caused or arising and accept personal responsibility for the damages following such injury, permanent disability or death.

I grant full permission to the CHICAGO SKY, the Women's National Basketball Association, WNBA Enterprises, LLC and their respective affiliates, with no obligation to compensate me further, to use any photographs, videotapes, motion pictures, recordings, or other record of my performance(s).

I have full authority to execute this General Release and do so with full knowledge of the facts and circumstances surrounding my performance.

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

Event Name / Location _____

Participant: _____ (PRINT)

Participant Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Have you previously attended a Chicago Sky Basketball Clinic or Sky game? YES NO