



**ADULT CONSENT, RELEASE  
AND WAIVER OF LIABILITY**

**PLEASE READ CAREFULLY!  
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Consent, Release and Waiver of Liability executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, an adult of legal age, in favor of Partners in Hoops, LLC, a North Carolina limited liability company, Court Sports, Inc., its owners, officers, employees, and agents (collectively “Partners”).

The Adult desires to engage in the activities promoted and produced by Partners. The Adult understands that the activities include physical activity which may result in physical injury.

The Adult does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Release and Waiver.** The Adult does hereby release and forever discharge and hold harmless Partners and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Adult’s activities with Partners. Adults understand that this Release discharges Partners from any liability or claim that the Adult may have against Partners with respect to any bodily injury, personal injury, illness, death or property damage that may result from Adult’s activities with Partners, whether caused by the negligence or Partners, or its owners, officers, employees, other participants or otherwise arising. Adult also understands that Partners does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.
2. **Medical Treatment.** Adult does hereby release and forever discharge Partners from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Adult’s activities with Partners or with the decision by any representative or agent of Partners to exercise the power to consent to medical or dental treatment. Permission is granted to Partners’ adult volunteers or employees to obtain medical care from any licensed physician, hospital, or medical clinic for the above named at such times deemed necessary for physical health purposes. This authorization shall include all Partners activities including travel required to obtain medical care. Adult hereby waives all claims against

and agree not to sue Partners, its owners, officers, agents, employees and volunteers as a result of Adult's participation in this elective activity or any claim arising from injury of Adult in the execution of the above actions.

- 3. **Assumption of the Risk.** The Adult understands that the activities may be hazardous to himself/herself, including, but not limited to, physical contact and collisions, jumping, and strenuous physical exertion. Adult hereby expressly and specifically assume the risk of injury or harm in the activities and release Partners from all liability for injury, illness, death, or property damage resulting from the activities.
  
- 4. **Photographic Release.** Adult does hereby grant and convey unto Partners all right, title and interest in any and all photographic images and video or audio recordings made by Partners during the Adult's activities with Partners, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
  
- 5. **Other.** Adult expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. Adult agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release with shall continue to be enforceable.

\_\_\_\_\_  
Adults Name (print)

\_\_\_\_\_  
Adults signature

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Date: \_\_\_\_\_