Basketball City Assumption of Risk Agreement

In consideration of being permitted to enter Basketball City New York, LLC ("Basketball City") now or at any time in the future, and / or participate in any program, game, function, contest, competition, related event or activity, operated, arranged, or organized by Basketball City. I, the undersigned, shall do so at my own risk. I further acknowledge and agree that:

- 1. The risk of injury from the activities involved in this program may be significant
- 2. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the Releasees (defined below) or others and assume full responsibility for my participation.
- 3. I willingly agree to comply with the terms and conditions for my participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 4. I, for myself and on behalf of my heirs, assignees, personal representatives, and next of kin, hereby release indemnify and hold harmless Basketball City, its affiliates, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Releasees") from any and all claims, demands, losses, and liability arising out of or related to an injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I understand that the CDC has published the following as symptoms of COVID-19: Fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, sore throat, new loss of taste or smell, etc. I have not experienced any of the COVID-19 symptoms in the past 14 days.

The following statements are true for anyone entering Basketball City, that no members of our household:

- are currently experiencing any of the above symptoms.
- have been diagnosed with COVID-19 in the past 30 days.
- have knowingly been exposed to anyone with COVID-19 within the past 14 days.
- have traveled outside of the country or to/from any COVID-19 'hot spots' within the past 14 days.

I also acknowledge the following:

Email

- A person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms.
- Masks are meant to reduce the possibility of spreading the virus when infection is known or unknown; they do
 not block the virus.
- I understand and acknowledge that Basketball City cannot completely control the spread of COVID-19 and I
 have chosen to enter the facility with full knowledge of the risk of contracting COVID-19 when social
 distancing is not observed.

By signing below, I agree that to the fullest extent allowed by law, I accept all possible risks and will hold Basketball City, its owners, members, officers, affiliates and employees harmless from any claims due to exposure to or contracting of COVID-19.

	liability and assumption of risk agreement, f by signing it, and sign it freely and voluntar	•	
Signature	Name (Print)	DOB	Date
Address	City	State	Zip Code

Cell Phone

For Parents/Guardians of Participant of Minor Age

(Under the age of 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all of the Releasees, and, for myself, my heirs, assignees, and next of kin, release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided herein, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Signature	Name (Print)		Date	
Address	City	State	Zip Code	
Email	Cell Ph	Cell Phone		