

**RELEASE OF LIABILITY – ASSUMPTION OF RISK**  
**(READ BEFORE SIGNING)**

In consideration of my child being allowed to participate in the Prime Time Pelicans program, and the related events and activities, I, the undersigned, individually and on behalf of my child, acknowledge, appreciate, and agree that:

1. I understand that my child's participation in this event demonstrates my and my child's acceptance of the risks inherent in such activities, including physical injury, death, property damage, and any other risks.
2. I, individually and on behalf of my child, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as defined below), and assume full responsibility for such participation.
3. I, individually and on behalf of my child, willingly agree to comply with all security measures, policies, and guidelines of the New Orleans Pelicans and any venue where the program and related events and activities are held.
4. I, for myself and my child, and further on behalf of my and my child's heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless the Releasees, defined as the National Basketball Association, New Orleans Pelicans NBA, LLC, New Orleans Saints, LLC, and each and all of their respective agents, employees, officers, and all parties for whom they may be responsible, and, if applicable, owners and lessors of premises used for the event, with respect to any and all injury, disability, death, 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 HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I, INDIVIDUALLY AND ON BEHALF OF MY CHILD, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
**Signature of Parent/Guardian,  
Individually and on behalf of minor**

\_\_\_\_\_  
**Date**

**(PLEASE PRINT)**

**NAME OF CHILD** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

**NAME OF EMERGENCY CONTACT:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

**PERMISSION – USE OF LIKENESS AND MEDICAL TREATMENT  
(READ BEFORE SIGNING)**

I HAVE READ THIS AGREEMENT AND I FULLY UNDERSTAND ITS TERMS. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I, the undersigned, individually and on behalf of my child, grant full permission to the New Orleans Pelicans NBA, LLC, the National Basketball Association, NBA Properties, Inc. and NBA Entertainment, Inc. and each of their authorized agents (including, by way of example only, broadcast partners), to use all photographs, videotapes, motion pictures, recordings, or any other record (collectively referred to as “records”) of my child resulting from my child’s participation in the Prime Time Pelicans program, and the related events and activities. In doing so, I understand that the those parties will have the irrevocable right to document, copy, edit, display, reproduce, use and re-use in any manner, on a worldwide basis, in perpetuity, on all forms of media including but not limited to film, television, and electronic media and in all means of distribution and publication, the records without any form of compensation to me for such use.

\_\_\_\_\_  
**Signature of Parent/Guardian,  
Individually and on behalf of minor**

\_\_\_\_\_  
**Date**

I also grant permission for my child to receive emergency medical treatment.

\_\_\_\_\_  
**Signature of Parent/Guardian,  
Individually and on behalf of minor**

\_\_\_\_\_  
**Date**