



Basketball Clinic

(open to all hoops lovers with developmental disabilities, ages 10-Adult)

Friday February 21, 2014 **6:00 - 7:30 pm**

Sponsored with the fabulous clinic program run by



Pace University Pleasantville Campus - Goldstein Gym

\$20 fee - limited to 80 participants so sign up now!

deadline for registration forms - Tuesday Feb. 4, 2014

Shooting Dribbling Rebounding Agility Games-Awards
"enhance the lives of people with developmental disabilities through
high quality social, therapeutic, and recreation activities"

www.sparcinc.org

For info or details contact: andymorris18@optimum.net (914) 762-9166

SPARC Basketball Clinic Registration Form 2/21/14

Child Name _____ Date of Birth ___/___/___ ___ Boy ___ Girl

Address _____ City _____ State _____ Zip _____

Best Phone Contact # _____ best e-mail address _____

Have you played in a basketball clinic/program: YES / NO Basketball skill level: ___ beginner ___ some skills ___ good skills

List any Disability/Special Conditions: _____ Allergies: _____

Please make checks payable/send to: SPARC, 3045 Gomer Street, Yorktown Heights, NY 10598

\$20 Check # _____ (Make checks payable to SPARC, a 501 (c) 3 Not-for-Profit)

This is page 1 of 2 pages for this Registration Form

The attached Waiver must be completed and submitted with this Registration Form

ACKNOWLEDGMENT AND RELEASE Waiver for SPARC Basketball Clinic 2/21/14

In consideration of SPARC, Inc. ("SPARC") permitting me, _____, to take part in a Knicks Basketball Clinic (the "Clinic") at the **Pace University Goldstein Athletic Facility, Pleasantville, NY 10572** on **February 21, 2014**. I acknowledge and agree:

- 1. I am in good health and am over the age of eighteen (18) or, if under the age of eighteen (18), will have this Acknowledgement and Release ratified and confirmed by my parent or legal guardian as noted below; and
- 2. I am fully aware that there are dangers and risks (direct and indirect) inherent in the Clinic, including but not limited to, the possibility of physical injury (including death) to myself and/or others resulting from the Clinic; and
- 3. I expressly assume all such dangers and risks relating to or arising out of participation in the Clinic whether or not arising out of the negligence of SPARC, Pace University ("Pace"), MSG Holdings L.P. ("MSG") and/or any other Releasee (as defined in paragraph 4 below) or otherwise; and
- 4. I hereby forever release and discharge The Madison Square Garden Company, MSG Holdings L.P., the New York Knickerbockers Basketball Club, the New York Liberty Basketball Club, Radio City Entertainment, their respective owners, parent companies (whether direct or indirect), affiliated entities, governing leagues, partners, directors, officers, agents, employees, licensees, Pace, SPARC, successors and assigns of any of the foregoing (collectively referred to as the "Releasees") from and against any and all causes of action, claims, suits, controversies, agreements, promises, judgments, demands or claims whatsoever, that I, or my heirs, executors, administrators, successors or assigns have or hereafter, at any time, shall or may have against the Releasees, arising out of or in connection with participation in the Clinic whether or not arising out of the negligence of MSG, SPARC, Pace, and/or any other Releasee or otherwise; and
- 5. I hereby agree to allow the use of my name, likeness, address (town and State) and/or photo, as determined by MSG, SPARC, Pace, in its discretion, for advertising and publicity purposes relating to each, without compensation, worldwide in any and all formats and media and grant to the Releasees any and all rights to said use.

IN WITNESS WHEREOF, the undersigned has executed and agreed to this Acknowledgment and Release as of the date stated below.

Signature

Age

(Please Print Name)

Address

Dated: _____

City, State, Zip

Best Contact Phone # _____

Best contact E-Mail _____

In the event the above signed is under eighteen (18), or under the care of a Guardian, the following must be signed:

I represent and warrant that I am the parent and/or legal guardian of the above signed and have the right to execute this Acknowledgment and Release on my own behalf and as ratification and confirmation of all terms and conditions of this Acknowledgment and Release on behalf of the above signed. I further agree to defend and indemnify the Releasees for any and all claims asserted against them arising from or related to the above signed's participation in the Clinic.

Parent or Guardian

Signature

Print Name / Phone #

e-mail if different than the one above _____

Dated: _____