WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: TFN Camps and Clinics, Inc., an Ohio corporation, d/b/a www.ohiobasketball.com and the GCBL, its coaches, employees, representatives, agents, vendors, and independent contractors (hereinafter collectively known as the "TFN"), shall not be responsible for any injury to any person or loss of any property which occurs as a result of participation in any basketball tryouts, camps, clinics, practices, tournaments or other programs, run, sponsored or supported by TFN ("TFN Activities").

The undersigned, on my own behalf and on behalf of my minor children or wards, hereby releases and holds TFN harmless for any or all claims for personal injury, wrongful death or property loss or damage arising out of, in connection with, participation in TFN Activities, its equipment and facilities and any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims that may be made by me, my family, estate, heirs, or assigns.

I am aware of the risks to persons and property posed by engagement in the TFN Activities. I am voluntarily participating with knowledge of the risks involved in the TFN Activities and I hereby agree to accept any and all inherent risks of personal injury, death or property damage or loss. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Ohio, and agree that if any portion is held invalid, the remainder of the waiver and release will continue in full force and affect. I affirm that I am of legal age and freely sign this agreement on my behalf and on the behalf of my minor children or wards.

I have received and read the "Ohio Department of Health Concussion Information Sheet." I authorize TFN to act on my behalf in the event of an emergency and agree to hold TFN harmless for any actions deemed necessary by TFN and taken in the event of an emergency.

I have read this form and fully understand that by signing this form, I am giving up all legal rights and/or remedies which may be available to me for personal injury, wrongful death or property damage or loss arising out of, or in connection with, my (or my minor children's or ward's) participation in TFN Activities.

_____ / _____
Signature Date

_____
(Print Name)

_____
(Street Address)

_____