



In consideration of being allowed to participate in any way in Big Shots the undersigned acknowledges, appreciates, and agrees that:

1. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge, and hold harmless Big Shots, JSBC LLC, Big Shots KS LLC, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury and illness, COVID-19 infection, disability, death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
4. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers of Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates; and,
5. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities; and,
6. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby release, waive, discharge, and covenant not to sue Big Shots, their owners, officers, directors, agents, employees and assigns (the "Releasees") from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities; and:
7. I shall indemnify, defend and hold harmless the Releasees from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether or in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury; and:
8. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, 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; and,
9. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, even if arising from their negligence to the fullest extent permitted by law.

Athlete Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ ST: _____

Parent Name: _____ Signature: _____

Cell Phone: _____ Email: _____ Date: ____/____/____