

PISTONS ELITE – TRYOUT WAIVER FORM

Draft # _____
to be assigned by Pistons Elite Staff

PARTICIPANT NAME _____ **GRADE:** _____

PLAYER SCHOOL: _____ **HOMETOWN:** _____

PARENT NAME: _____ **CELL:** _____

PARENT E-MAIL: _____
(We will use this e-mail to inform players if they have made the team or have not)

TEAM TRYING OUT FOR: ___ 5th ___ 6th ___ 7th ___ 8th

FOR PLAYER TO ANSWER: What is your best attribute/ability that you will bring to this team?

How did you hear about Pistons Elite?

- | | |
|--|--|
| <input type="checkbox"/> While attending another Pistons Academy Program | <input type="checkbox"/> I am a Returning player |
| <input type="checkbox"/> We saw it on the Pistons Academy website | <input type="checkbox"/> From a Facebook post |
| <input type="checkbox"/> My school coach told me about it | <input type="checkbox"/> I have a friend on the team |
| <input type="checkbox"/> Other (please specify): _____ | |

WAIVER AGREEMENT TO BE SIGNED BY ALL PARTICIPANTS

Participant voluntarily and expressly assumes all risk and danger of personal loss or injury (including, without limitation, permanent disability and death) arising from or relating in any way to participating in any activities relating to Jr. Pistons or Pistons Academy (the "Participation"), howsoever caused or arising and whether by negligence or otherwise. Participant agrees that Palace Sports and Entertainment, LLC, the Detroit Pistons Basketball Company, the National Basketball Association, and their respective owners, shareholders, subsidiaries, affiliates, officers, employees, sponsors, agents (together, "NBA Parties"), and Franklin Athletic Club shall not be liable for any loss, damage or injury, including death, to any person or property that may result directly or indirectly from Participation.

Participant has made all necessary parties, including but not limited to the Jr. Pistons and/or Pistons Academy coaches, instructors and host facility staff, aware of any and all medical conditions that may lead to a medical emergency or affect his or her treatment in the event of a medical emergency. Participant gives consent to the instructors, coaches and host facility staff to administer first aid if necessary. I also understand that the tryout fee is non-refundable regardless of roster status. Finally, I am aware that during the tryouts there will be game play resulting in physical contact among players

PARENT SIGNATURE: _____ **DATE:** _____

(My signature certifies that I have read and agreed to the above statements on behalf of myself and the child listed.)

