Clinic Location: _____

SATELLITE CLINIC GENERAL RELEASE FORM

I hereby release and hold harmless the Atlanta Dream, _____ (Location of the Clinic), the Women's National Basketball Association and its Teams, WNBA Enterprises, LLC and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents ("WNBA Parties") from and against any and all claims, causes of action, or demands relating to or arising out of my participation in the Atlanta Dream Satellite Clinic Program, and further agree to indemnify to WNBA Parties for any claims, damages or causes of action relating to or arising out of the Atlanta Dream Satellite Clinic Program or any breach of this General Release. I expressly assume all risk of injury (including permanent disability and death) relating to, or arising out of, my participation, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, permanent disability or death.

I grant full permission to the WNBA Parties, to use without further notification, authorization or compensation any photographs, videotapes, motion pictures, recordings, or other record of the Atlanta Dream Satellite Program in any and all Media, whether now known or hereafter to become known, worldwide and in perpetuity, and I represent and warrant that no further permission is required for the WNBA Parties to use the Atlanta Dream Satellite Clinic Program. I further represent and warrant that I have full authority to execute this General Release and grant the rights granted hereunder, and do so with full knowledge of the facts and circumstances surrounding the Atlanta Dream Satellite Clinic Program.

I acknowledge that I have read and fully understand the foregoing.

_____ _____
Name of Participant Age/Gender of Participant

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date

_____
Home Street Address

_____
City, State, Zip

_____ _____
Phone Number Emergency Phone Number

_____
Email Address

PLEASE FAX THIS FORM TO THE ATLANTA DREAM OFFICE (FAX NUMBER: 404-954-6666)