



School for Global Leaders
Middle School 378

145 Stanton Street, 2nd Floor
New York, NY 10002
[Tel] 212.260.5375 / [Fax] 212.432.5586

Dear Parent (s)/ Guardian(s),

School for Global Leaders has the opportunity to collaborate with the NBA and take part in a NBA Cares event. Students will participate in a basketball clinic sponsored by the NBA. We will leave the school at 8:30am am on Friday October 18th, 2019 and will be WALKING to basketball city. Students will participate in multiple basketball skills events and lunch will be provided. The NBA release form and the School for Global Leaders field trip permission slip form must be signed in order for students to attend. Permission slips are due on Wednesday, October 16th, 2019. If students do not have a signed permission slip or release form they will not be able to attend the field trip.

Please sign and return the bottom of this page and keep the top part for your reference.

Best Regards,
Mr. Nowak

Table with 2 columns: Details, What to Bring. Details include Location: Basketball City, Date: Friday October 18th, 2019, Time: 8:30am-12:00pm, Transportation: Walking. What to Bring includes Both SGL Permission Slip and NBA Release form due on Wednesday October 16th, 2019.

Please return this slip by Wednesday October 16th, 2019

I give my child _____ permission to attend the field trip to the NBA Cares Basketball City Event on Friday, October 18th, 2019 from 8:30am to 12:00pm.

Emergency Contact Name: _____

Phone Number: _____

Notes about my child (medication etc.) _____

Parent/ Guardian Signature: _____

Date: _____

Keri Ricks, Principal
Cheryl Campos, Assistant Principal



CONSENT AND RELEASE FORM

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, and in connection with my admission to, and/or voluntary participation in, the **Jr. NBA Clinics at Basketball City** (299 South Street, Manhattan) on **Friday, October 18, 2019** (the "Event"), I hereby:

1. acknowledge and **accept sole responsibility** for all of the hazards and risks to me and my property associated with or related to my participation in the Event and for any damage or injury that I may cause to others;

2. **release, waive and forever discharge** any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which I or any of the my representatives, heirs, next of kin or assignees (my "Representatives") may have or which may hereinafter accrue to me or my Representatives as a result of my voluntary participation in the Event or arising from the permission granted below and which may be asserted by me or my Representatives against NBA Properties, Inc. ("NBAP"), NBA Entertainment (a division of NBAP), NBA Media Ventures, LLC, NBA Store, LLC, the National Basketball Association and any of its member teams, New York City Department of Education, any sponsor, promoter or advertiser of the Event, and any of their respective related entities, subsidiaries and affiliates (collectively, "**Released Entities**"), and for each such Released Entity, its respective officers, directors, owners, governors, officials, volunteers, employees, agents, representatives, successors, and assigns (collectively, and together with the Released Entities, the "Releasees"), whether caused by the acts, omissions or negligence of any Releasee or by any other person or entity;

3. **grant permission** to the Released Entities (or their respective licensees) to utilize Student's first name, voice, statements, photograph, image, likeness, and actions in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, solely for promotional purposes related to the NBA FIT Clinic, and not for any commercial or product endorsement purposes, in perpetuity worldwide in any media whether now known or hereafter created without any additional consideration.

AGREED TO AND ACCEPTED:

In consideration of the Participant's participation in, or admission to, the Event, I, by my signature below, and in my capacity as Participant's parent or guardian, hereby (a) give permission for the Participant, who is my child or ward, to attend, and/or participate voluntarily in, the Event and (b) acknowledge and agree to all of the terms set forth in this Release and Eligibility Form.

Student Name: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____