



**FREE THROW DOCTOR
BASKETBALL SHOOTING CLINICS AND SESSIONS
AGREEMENT AND WAIVER**

These agreements as written and signed by both parties _____,
Hereafter known as the Free Throw Doctor and _____ shall
be duly enforced upon signing.

Participant and sponsor agrees that any services or ideas provided during
their participation in the Free Throw Doctor basketball program are not to be
duplicated or marketed alone or in conjunction with third parties. And will
not in anyway to advise, counsel, or assist any third party in competing with
the Free Throw Doctor.

_____ Agrees to pay a non-refundable training fee of _____
and \$100.00 membership fee in the amount of \$ _____ for _____ session(s)
prior to the beginning of the basketball program.

Basketball Waiver

I _____, fully understand and fully accept responsibility for
any injury or illness that may occur to said participant as a result of
participating in any facility, clinic or session conducted by the "Free Throw
Doctor" or sponsor.

I hereby grant Don Banks full permission to use said participant's name and
accomplishments for promotional purposes. This is with the understanding
that there will be no compensation.

The signatory parties as signed below are in agreement with this application
and in effect upon signing.

Signature _____ Signature _____

Date _____ Date _____

Participant _____ Date _____

No "Camcorders" or "Audio Tapes"