



Event: _____

Place: _____ Prize: _____

Date: _____

WAIVER/RELEASE
(Please Read Carefully Before Signing)

In consideration for Dallas Stars, L.P. (the "Stars") granting me permission to participate in various athletic, sports and entertainment activities in the American Airlines Center in Dallas, Texas ("AAC") during Stars game intermissions, and in acknowledgment that certain risks are associated with such activities, including the risk of serious physical injury, which I hereby assume with full knowledge and understanding and without any coercion or duress, I hereby irrevocably and unconditionally release and waive all claims of any nature now or hereafter existing whether known or unknown against the Dallas Stars, L.P.; Hicks, Inc.; Hicks Holdings LLC; Hicks Sports Group Holdings LLC; Hicks Sports Group LLC; HSG Partnership Holdings LLC; Center Operating Company, L.P., and each of their respective employees, officers, partners, directors, shareholders or affiliates (collectively "Indemnitees") resulting in whole or in part from my participation in such activities, **INCLUDING ANY AND ALL SUCH CLAIMS THAT MAY ARISE IN WHOLE OR IN PART DUE TO THE NEGLIGENCE OF ANY OF THE INDEMNITEES.** I further authorize Indemnitees to obtain emergency medical treatment for me, including, if necessary, surgical procedures, if I am injured at AAC. I understand that Indemnitees may not be able to contact a parent or legal guardian under emergency circumstances.

I hereby give permission to the Stars and all of its affiliates the unfettered maximum usage rights throughout the United States of America to use my name, photographs, voice or other likenesses of me for any purpose and in any medium, including, but not limited to public displays, publications, promotions and in connection with promotions of the event in which I consented to participate and other events of the Stars and/or at AAS.

I have read this discharge, release, and waiver of liability, and fully understand its terms and conditions, and further understand that the Indemnitees have afforded me the opportunity to perform such activities at my request based upon, and in reliance upon, my signing of this document and the discharge, release, and waiver freely given by me herein.

Signature of person 18 years or older

[Must be signed by parent or legal guardian if participant is not 18 or older; information must include both participant and parent/guardian]

Name: _____

Date of Birth: _____

Address: _____

Date: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____