

**Legendz Athletics**

**d/b/a Legendz Basketball, Legendz Tournaments, and Legendz Camps/Clinics/Skill Development**

**EMERGENCY HEALTH INFORMATION**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Players Name)

ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ WORK #: \_\_\_\_\_  
\_\_\_\_\_ EMERGENCY # \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

AGREEMENT: # \_\_\_\_\_ GROUP # \_\_\_\_\_

My Child is currently taking the following medications: (Please List) \_\_\_\_\_

Allergies: (Please List) \_\_\_\_\_

Contact Lenses: \_\_\_\_ Yes \_\_\_\_ No

List any condition or medical information we should know about your child.

\_\_\_\_\_

I understand that the Legendz Athletics, Inc., a PA corporation, d/b/a Legendz Basketball, Legendz Tournaments, Legendz Camps/Clinics/Skill Development (Legendz Athletics) does not provide primary medical or accident insurance for participants, and I hereby certify that my son and/or daughter is covered by a personal insurance policy, or is included in a policy, which I have in force. I understand in case of minor first aid or illness that the attending adults will administer care. In the event that my child (child's name) \_\_\_\_\_ is involved in a major accident, or suffers a major injury or illness which requires immediate medical or surgical care and I cannot be contacted within a reasonable amount of time, I authorize a physician to act on my behalf. If continued efforts to contact me are unsuccessful or should expediency make it impractical or dangerous to the health of my child to first attempt to contact me, I authorize the physician to take action and give consent on my behalf as her judgment dictates.

**INJURY RELEASE AND WAIVER**

The individual named above (referred to as "I", "me", "my" or "Player") desires to participate in certain activities, training or events (the "Activities") (basketball from January 1, 2024 to December 31, 2024) provided or hosted by Legendz Athletics, Inc., a PA corporation, d/b/a Legendz Basketball, Legendz Tournaments, Legendz Camps/Clinics/Skill Development ("Legendz Athletics"). As lawful consideration for being permitted by the Company to use the Facility and to participate in the Activities, I agree to all of the terms and conditions set forth in this agreement (this "Agreement").

I AM AWARE AND UNDERSTAND THAT THE ACTIVITIES ARE DANGEROUS ACTIVITIES AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT ANY INJURIES THAT I SUSTAIN MAY BE COMPOUNDED BY NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF LEGENDZ ATHLETICS OR OTHERWISE.

I agree to immediately inform Legendz Athletics, Legends Basketball, Legendz Tournaments, Legendz Camps/Clinics/Skill Development if I believe that anything is unsafe or beyond my child's capability and they may refuse to participate.

I also certify that my child has received a physical exam within the last year, is suffering from no condition, disease, infirmity or other illness that would prevent them from participation and is able to participate in Legendz Athletics activities.

I hereby assume all risks associated with the Players participation in the Activities and I expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against Legendz Athletics, and its officers, directors, employees, coaches, independent contractors, agents, affiliates, partners, members, successors, and assigns (collectively, "Releasees"), on account of injury, death, or property damage arising out of or attributable to the Activities, whether arising out of the negligence of Legendz Athletics or any Releasees or otherwise. I covenant not to make or bring any such claim against Legendz Athletics or any other Releasee, and forever release and discharge Legendz Athletics and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless Legendz Athletics and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, other fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out of or resulting from any claim of a third party related to the Activities.

This Agreement constitutes the sole and entire agreement of Legendz Athletics and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of Legendz Athletics and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the Commonwealth of Pennsylvania without giving effect to any choice or conflict of law provision or rule. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Allegheny County, Pennsylvania and I hereby consent to the exclusive jurisdiction of such courts.

By signing below, I acknowledge that I have carefully read and understand the terms of this Agreement.

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(Parent/Guardian Signature)

**COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENY**

This record was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_

**NOTARY PUBLIC**