

Legendary Athletics Group
Special Events – Athlete Contact Information & Waiver

PARENT/GUARDIAN INFORMATION:

Parent's Name: _____

Parent's Cell Phone: _____ Parent's Email: _____

PARTICIPANT'S INFORMATION:

Full Name (first, middle, & last): _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Release & Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of the services of Legendary Athletics Group, coaches, owners, officers, employees, and all other persons or entities acting on its behalf, I hereby agree to release and discharge Legendary Athletics Group, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand and acknowledge that the activity my child is about to engage in poses known risks and unanticipated risk which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My child's participation in this activity is purely voluntary, and I elect my child to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Legendary Athletics Group from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my use of the Legendary Athletics Group's equipment or facilities, including any such claims which allege negligent acts or omissions of Legendary Athletics Group.

Should Legendary Athletics Group be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I will be responsible for all Legendary Athletics Group's additional costs incurred, including, but not limited to, legal fees, collection agency fees, and administrative fees.

I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my child has no mental or physical conditions which could interfere with their safety in this activity, or else am willing to assume and bear the costs of all risks that may be related, directly or indirectly, by any such condition.

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation with Legendary Athletics Group.

I do hereby assume full responsibility for all damages, injuries, and/or losses that my child or myself may sustain or incur, if any, while participating, and I hereby waive all claims against Legendary Athletics Group for any claims or injuries my child or I may sustain.

Parent / Legal Guardian Signature: _____ **Date:** _____

Media Release

I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Legendary Athletics Group may use and/or reproduce such photographs and recordings. I hereby release Legendary Athletics Group and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Parent / Legal Guardian Signature: _____ **Date:** _____