

LEGENDZ SPORTS ACADEMY, INC.
Junior Broncos Football

PARTICIPATION WAIVER AGREEMENT

PLAYER'S NAME: _____ **TEAM:** _____

PARENT/LEGAL GUARDIAN _____

I, the undersigned parent and/or legal guardian of, _____ ("my child")
understand, acknowledge, appreciate, and agree that:

1. I grant permission for my child to participate in any way in the Southern Louisiana Youth Football Association & Legendz Sports Academy, Incorporated Youth Football League program, related events and activities: and,
2. I FURTHER expressly declare that he/she has been medically cleared to participate and has the approval from his/her doctor to participate in athletic and physical activity; and
3. The risk of injury to my child from activities involved in these programs is significant, including the potential for bodily injury, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
4. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my our participation; and,
5. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe and unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the nearest official immediately; and,
6. I FURTHER request and GRANT permission to any person of Legendz Sports Academy, Inc., it agents and/or assigns to provide care to my child in the event of injury or illness, if I am not present; and,
7. I myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Legendz Sports Academy, Inc. Youth Football League, The Southern Louisiana Youth Football Association, Baton Rouge Recreation Commission (BREC), Zachary Community Schools, City of Zachary, and other participants, sponsoring agencies, board members, coaches, volunteers, sponsors, advertisers, and if applicable, facility owners / leasers of premises used to conduct the event ("Releasees"), from any liability whatsoever of any kind and nature, including but not limited to BODILY AND/OR PERSONAL INJURY, DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law in connection with participation in Legendz Sports Academy, Inc. programs.

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I, desire to share with LSA, Inc., its agents and assigns, the following Medical Information concerning the above named player/athlete: _____

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AND WAIVER AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I ALSO UNDERSTAND THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.

BY: _____

DATE: _____

Signature of Parent/Legal Guardian

MINOR AGE CHILD

This is to certify that I am the parent or guardian or ward with the legal responsibility for the under aged minor child _____ considered above and do hereby agree to this release on his/her behalf. I have / will communicate the responsibilities for adhering to the rules and regulations to my child and will apprise him / her of the risks involved by participation and the considerations given herein for that participation.

Parent/Guardian Signature: _____ Date Signed: _____

PRINT Name: _____