



2026 NBA G LEAGUE LOCAL PLAYER TRYOUT HEALTH INFORMATION AUTHORIZATION

By my signature below, I authorize the use and/or disclosure of my Health Information as follows:

1. This authorization applies to all Health Information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified below. As used in this authorization: "Health Information" means all information relating to my past, present or future physical or mental health or condition or medical record (including, but not limited to, my electronic medical record), including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory report or x-ray or other imaging test result, laboratory result and data (including, but not limited to, information relating to any test result or vaccination related to COVID-19), screening, medical or clinical status, diagnosis, treatment, or prognosis, and "Health Care Provider" means any physicians, hospitals, laboratories, clinics, diagnostic testing companies or other testing providers, trainers, therapists, and/or any other health care professionals or organizations (including, but not limited to, any such persons or entities conducting any examination of me in connection with the 2026 NBA G League Local Player Tryout (the "Local Tryout")), but not including any of such health care professionals or organizations in their capacity as participants in the National Basketball Players Association Mental Health and Wellness Program.
2. I authorize Health Care Providers to collect, store, and/or use, and/or disclose to any Health Care Provider, any of the Health Information about me that is (or, during the period covered by this authorization, may be) in their possession, custody or control for the following purpose (the "Purpose"): any purpose relating to my participation in a Local Tryout or my employment (or potential employment) as a player in the National Basketball Association ("NBA") or the NBA G League ("G League"), and/or my participation in an NBA-approved summer league ("Summer League"), including, but not limited to, my compliance with the terms and conditions thereof and for any purpose relating to player health and fitness.
3. During the period covered by this authorization, the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the NBA, NBA teams for which I may play (including, but not limited to, in connection with my Summer League participation), G League teams, and the physicians, owners, general managers, coaches, trainers, therapists, and counsel and other team personnel of the NBA or G League team(s) for which I may play (including, but not limited to, in connection with my Summer League or Local Tryout participation) (collectively "Team Personnel") may, for the Purpose, collect, store, and/or use my Health Information. During the period covered by this authorization, the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the NBA, NBA teams for which I may play (including, but not limited to, in connection with my Summer League participation), G League teams, Team Personnel, and Health Care Providers may, for the Purpose, disclose my Health Information to: (a) any Health Care Provider; (b) the NBA (including, but not limited to, its medical experts); (c) the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout); (d) NBA teams, G League teams (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), or Team Personnel; (e) in the event of any contemplated assignment of my playing contract to another NBA or G League team, or the potential signing of a playing contract with an NBA or G League team, the Team Personnel of such other team(s); (f) any other NBA or G League team or Team Personnel as designated by the NBA or G League; (g) any entity from which any NBA or G League team seeks to procure, or has procured, any insurance policy covering my life or any disability, injury or illness I may suffer or sustain; (h) any entity from which the NBA or G League or NBA or G League team receives Health Information services (including, but not limited to, services related to the electronic collection, storage and processing of Health Information); (i) my certified player agent or representative; and/or (j) at the direction of the NBA or the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the media or public.
4. I understand that my Health Information disclosed pursuant to this authorization may be redisclosed by the recipient and no longer be protected by local, state or federal health information privacy laws or regulations.
5. I understand that my medical treatment will not be conditioned upon whether or not I sign this form, except in the case of health care that is solely for the purpose of creating Health Information for such disclosures as set forth in Paragraphs 2 and 3 of this authorization (including, but not limited to, in connection with or related to the Local Tryout).

6. Unless previously revoked, this authorization shall expire upon the later of three (3) years (a) from the date it is signed, or (b) following the termination of all agreements that have provided for my employment as an NBA or G League player (including, but not limited to, in connection with my Summer League or Local Tryout participation, if applicable). This authorization shall supersede and control in respect of any prior Health Information Authorization executed in respect of a season for the Purpose.
7. I understand that I have the right to revoke this authorization at any time (but not without potential consequences as acknowledged below). In order to be effective, including, but not limited as to any particular Health Care Provider, my revocation must be in writing and have been received by the Health Care Provider or other applicable individual or entity. The NBA will provide reasonable assistance to me in coordinating this revocation process with relevant NBA, G League, and/or Summer League teams and applicable Health Care Providers, but to receive this assistance I must provide a copy of my written revocation to the NBA at 645 Fifth Avenue, New York, New York 10022 (attn: General Counsel), and assist the NBA in identifying relevant Health Care Providers. I understand that my revocation will not be effective to the extent that anyone has already used or disclosed my Health Information in reliance upon this authorization. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with all requirements of the Local Tryout, and in the event I execute an employment contract as an NBA and/or G League Player, shall not serve to excuse any failure on my part to comply with the provisions of any individual contract covering my employment as an NBA, G League, and/or Summer League player to which I am (or may be) a party, or any other agreement that may govern the terms and conditions of my employment as an NBA, G League, and/or Summer League player. In this regard, I understand that, if I do revoke this authorization, I may be subject to disciplinary action under the terms of my NBA Uniform Player Contract, G League player contract, and/or the G League/NGBPU Collective Bargaining Agreement.
8. I acknowledge that I have received a copy of this authorization.

SIGNATURE

PRINTED NAME

DATE

DOB