

Mountain State Lacrosse Clinic Waiver of Liability

INSTRUCTIONS:

- 1) Each player must read the statement below before completing and signing this Waiver & Release.
- 2) Parents/Guardians must read the statement below before signing this Waiver & Release.

AGREEMENT:

In consideration of my participation in the sponsored activities of the Mountain State Lacrosse camp/clinic/tournament, I acknowledge, agree to and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Marion County Parks and Recreation Commission, the host organization, and all sponsors of this event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.
2. **MEDICAL ATTENTION:** I hereby give my consent to The Mountain State Lacrosse Clinic Staff and Organizers and the host organization to provide transportation and/ or emergency medical services as warranted in the course of my participation.
3. **READINESS TO COMPETE:** I will only participate in those competitions for which I believe I am physically and psychologically prepared to compete.

Print Player's Name

Player's Signature

Date

Residence/Street Address

State

Zip Code

Guardian Signature

Date

Relationship to Player