Waiver and Release by Parent of Minor Child from Liability for Lacrosse

I,	, on b	ehalf of	(hereinafter referred to as
"Child") HEREBY WA agents, managers, e contracts, expenses or equity, that I or C activities conducted	AIVE AND RELEASE, indemnify, hold harm imployees, officers, directors, affiliates, so action, lawsuits, damages and	lless and forever discharge C uccessors and assigns, of an I liabilities of every kind and m or in any way related to CH it of Christian Koehler Found	Christian Koehler Foundation, Inc., and its d from any and all claims, demands, debts, nature, whether known or unknown, in law HILD's participation in any of the events or lation, Inc. provided that this waiver of
including bodily injuand said CHILD waiv		death. On behalf of myself,	us and may cause series or grievous injuries, CHILD, my heirs, assigns and next of kin, I roperty, that I or said CHILD may have
below. The nature of activities is expressly	of the activities has been fully disclosed a	and any flyer, advertisement SE. I further agree and warr	f and requested of this club, except as noted, or brochure relating to the participating ant that if at any time I believe conditions to urther participation by said CHILD in the
or damage/loss of p lacrosse lessons at t	ersonal property associated with Christian he tournament, using the facility and its	an Koehler Foundation, Inc. i equipment in any manner, f	_
between them conc	LEASE contains the entire agreement be erning the subject matter of this WAIVEF ended or repealed, in whole or in part, o	R and RELEASE. The provisio	
•	s WAIVER and RELEASE will continue in fu of, or for the benefit of, Christian Koehle		r the termination of the activities conducted by agreement, by operation of law, or
WAIVER and RELEAS voluntarily, under n	rand and fully agree to the terms of this NE said CHILD and I have given up conside o duress or threat of duress, without ind f my intention to execute a complete and	erable future legal rights. I h ucement, promise or guaran	ave signed this Agreement freely,
	CHILD is subject to the following allerginician or other medical professionals in the		nd I authorize the facility to disclose these equire emergency medical care:
Prohibited Activities in the following spec		edical conditions, I, on behal	f of said CHILD, am prohibiting involvements
 Date	Printed name of CHILD	Name of Coach, T	own/Team Name
Printed Name of Par	rent/Guardian Signature of Parent/Guar	rdian Email Ad	ldress