

10th Annual 7's For 7 Lacrosse Tournament January 4, 2020

WAIVER OF LIABILITY

In consideration of being allowed to participate in the event or activity referenced above, I acknowledge, appreciate, and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) **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 participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Participant's Name _____
Signature of Parent/Guardian _____

MEDICAL RELEASE AUTHORIZATION

I/we, being the participant or his/her legal guardian(s), authorize the staff of the 7's For 7 Lacrosse Tournament and their agent's permission to request treatment as necessary to ensure the well being of myself/our dependent. I certify that the participant is in good health and able to participate in the scheduled games.

Player's Name _____
Signature _____

Signature of minor Parent/Guardian _____
Date _____