Spring Grove Lumberjax Shootout Waiver

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assumption & Liability of Risk:**

Contact sports are inherently dangerous. The undersigned (“Participant”) hereby:

1. Assumes risk of personal injury, property damage and/or other losses (collectively “injuries”) to the participant arising from or related to activities in the Spring Grove Lumberjax Shootout.
2. Releases Spring Grove Lacrosse Club, and their agents, employees, staff members, officers, directors and members from all liability, claims and responsibility for injuries to the Participants
3. Releases Spring Grove Lacrosse Club from any good faith acts or omissions in emergency situations. I represent that I am over the age of 18 or a parent/guardian of the minor named below and agree that the grant and release contained therein bonds me and the minor below to all is terms.
4. My signature on this wavier will grant permission to Spring Grove Lacrosse Club and all their officers, directors, tournament representatives, employees, agents, volunteers and representatives the use of my child’s image, likeness and sound of their voice for instructional and promotional purposes on or after May 19,2018.

**Parent’s Waiver:** I, the undersigned, certify that my child, named adjacent to my signature, has my permission to participate in the games and activities related to the Lumberjax Shootout. I acknowledge and understand that lacrosse is a dangerous sport and there is a possibility of injury to my child. In consideration for my child’s participation in the game of lacrosse I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability, for damages arising out of, or in any way related to my child’s participation in the Lumberjax Shootout Lacrosse Tournament, Spring Grove Lacrosse Club and all of their officers, directors, tournament representatives, employees, agents, volunteers and representatives.

**Notice:** Spring Grove Lacrosse Club does not supply any form of medical coverage. Insurance Coverage is the responsibility of the participating teams /individuals.

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| Player Name | Player # | Address | Parent/Guardian Name | Signature |
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