



CLINIC AND EVENT RELEASE OF LIABILITY FORM (MUST BE FILLED OUT BY EVERY PARTICIPANT AND THEIR PARENT/GUARDIAN)

Lacrosse like many athletic endeavors has inherent dangers and risks. I acknowledge that my daughter will be participating in this event voluntarily, which has inherent risks and dangers, including but not limited to, being hit by a ball, being hit with a lacrosse stick, breathing problems, dehydration, etc. I agree to instruct my daughter to comply with all directions of the coaching staff. I will make sure that my daughter has adequately eaten and hydrated prior to the clinic.

I understand that I, as parent or guardian I am fully responsible for my daughter's actions and that if she fails to follow the rules and instructions of the coaching staff, her participation in the event can be revoked.

I release and forever discharge Oak Ridge High School, Oak Ridge High School Women's Lacrosse, as well as its employees, volunteers, coaches, players from any and all liability claim, cost, or expense, and waive any such claims against any such person or organization, arising directly from any such activity in which I may participate during the February 2, 2019 clinic and related events. I understand that this release includes a release of claims for damages or injuries that may result from the ordinary acts and negligent acts of Oak Ridge High School Women's Lacrosse and its agents.

Further, by signing this Release I am expressly acknowledging that my daughter is covered by a comprehensive major medical insurance plan that will cover injuries incurred in the clinic. I understand that my daughter must be covered by a comprehensive major medical insurance plan to be eligible to participate in the clinic. I further acknowledge that my daughter has no physical or mental condition that would impair her capability for full participation as intended and expected in this clinic and that no reasonable accommodations must be made for her (if accommodation is required, please contact Coach Hendel before the clinic begins).

Name of Participant _____

Name of Parent/Guardian _____

Contact Phone number for Parent/Guardian During Clinic in case of emergency

I, as Parent or Guardian, of the above stated minor participant represent to Oak Ridge High School Girls Lacrosse that the facts herein concerning my child are true. I hereby give my permission for my child to participate in this clinic. Further, in consideration granting such license, agree, individually and on behalf of my child, to terms of the above Agreement and Release of Liability.

Parent Signature & Date