

2021 Spring Grove Lumberjax Shootout Waiver

Team Name: \_\_\_\_\_ 8U 10U 12U 14U 3<sup>rd</sup>/4<sup>th</sup> 5<sup>th</sup>/6<sup>th</sup> 7<sup>th</sup>/8<sup>th</sup>

Coach Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 binds me and the minor below to all its terms.
4. My signature on this waiver 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 22, 2021 unless the attached photo denial waiver has been completed.
5. Certifies the participant will not participate on the day of the event if the answer is “yes” to any of the following questions regarding COVID-19:
  - a Has the participant exhibited COVID 19 symptoms in the past 10 days, including but not limited to fever, new cough, shortness of breath, and loss of taste or smell?
  - b Has the participant had a positive COVID-19 test in the past 10 days?
  - c Is the participant supposed to be in quarantine on the day of the event per CDC guidelines due to exposure to a positive COVID 19 case?

**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.

I also certify that the participant and any family and friends that may attend the tournament will abide by the rules set forth by the Spring Grove Area School District or be subject to removal from the property.

**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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**PHOTO DENIAL FORM**

Please DO NOT include pictures of my player(s) in any media release or online publication.

Player's NAME (please print) \_\_\_\_\_

Team: \_\_\_\_\_ Age Group: \_\_\_\_\_ Jersey #: \_\_\_\_\_

By signing this, you are saying the following: "Do NOT take my child's photo for anything that will be in the newspaper, on TV, or online publication".

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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