



Participation Agreement, Release of Liability, Waiver of Claims and Assumption of Risk

This Agreement (this Agreement) is entered into between Pikes Peak Lacrosse, and the undersigned, who is either the participant in the Activities (as defined below) or the parent or legal guardian of the participant in the Activities.

Assumption of Risk. In consideration for Pikes Peak Lacrosse granting me or my minor child (whichever the case may be) permission to participate in its lacrosse and related athletic sports programs, events and activities, including, but not limited to, travel to and from, and overnight stays for such events and activities (the Activities), I hereby freely agree to assume and accept any and all inherent, known and unknown risks of injury while participating Activities. I further recognize and acknowledge that the risks inherent in the sport of lacrosse can be greatly reduced by conditioning, ownership of proper equipment and abiding by the rules of the game. I hereby further certify that I understand and acknowledge that that my or my minor child (whichever the case may be) participation in the Activities involve certain inherent risks, dangers, and hazards which can result in serious and permanent injury, paralysis, and death.

Release and Waiver of Claims. In consideration of allowing me or my minor child (whichever the case may be) to participate in the Activities, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against Pikes Peak Lacrosse, and any of their respective employees, coaches, officers, managers, contractors, sponsors, advertisers, other participants in the Activities, and, if applicable, owners and lessors of premises used to conduct the Activities (the Released Parties) and which arise from any negligent acts or omissions of any of the Released Parties or which arise from my or my minor child (whichever the case may be) participation in the Activities.

TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY, OR EXPENSE THAT I OR MY MINOR CHILD (WHICHEVER THE CASE MAY BE) MAY SUFFER, OR THAT MY NEXT OF KIN MAY SUFFER, AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES, DUE TO ANY CAUSE WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE OR BREACH OF CONTRACT ON THE PART OF THE RELEASED PARTIES.

Representations and Warranties.

I hereby represent and warrant that, if the participant is a minor, I am the parent or legal guardian for my child, the participant, and I have the legal authority to sign this Agreement on behalf of my child.

I hereby represent and warrant that, if I am the participant, I am at least 18 years of age, am of sound mind and body, and have the legal authority to sign this Agreement on my own behalf.

I hereby represent and warrant that I have been advised to obtain and will obtain prior to commencement of my or my child (whichever the case may be) participation in the Activities the required safety equipment, including but not limited to, a helmet, mouth guard, gloves, protective eye wear, and pads.

I REPRESENT AND WARRANT THAT I HAVE READ THIS AGREEMENT IN FULL AND THAT I UNDERSTAND THE TERMS AND CONDITIONS CONTAINED HEREIN.

I REPRESENT AND WARRANT THAT I INTEND TO RELEASE ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES, INCLUDING CLAIMS FOR NEGLIGENCE.

Binding Agreement. This Agreement shall be binding on my and my heirs, next of kin, executors, assigns and successors.

Entire Agreement. This Agreement represents the entire agreement between the parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether oral or written. Any amendments to this Agreement must be in writing and signed by the parties to this Agreement.

IN WITNESS WHEREOF, the undersigned has executed this Agreement on the date written below. Further, the undersigned understands that by executing this Agreement, he or she is releasing certain claims.

Name of Participant (Printed): _____

Name of Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL CONDITIONS

Does your child have any medical conditions that might affect his/her ability to play lacrosse or take part in practices/games?

Yes _____ **No** _____

If Yes, please describe:

