

Waiver:

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Field Sports, Inc.; Soccer First, Inc and SportsOhio, Inc. and I do recognize and assume all risk, whether foreseeable or unforeseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities or recreation and instruction at Field Sports, Inc.; Soccer First, Inc and SportsOhio, Inc. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Field Sports, Inc.; Soccer First, Inc and SportsOhio, Inc., their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages relating to or arising out of my child's or ward's involvement or participation in the programs at Field Sports, Inc.; Soccer First, Inc and SportsOhio, Inc.

In connection with the Applicant's participation in Lucky Lax events, the undersigned do certify that the Applicant/player is in good health, has no physical impairment restricting her from playing lacrosse, except as herewith provided in writing to Lucky Lax, and otherwise is able to participate in the program activities. We are, are not (please circle one) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Applicant/player suffers from allergies, asthma, diabetes, etc.). In further consideration of Lucky Lax acceptance of the application, the undersigned, both for himself/herself and on behalf of any minor child for whom he or she is submitting this application, hereby agree(s) to indemnify and hold harmless, Lucky Lax, LLC, its officers, directors, coaches, staff workers, volunteers, agents, and sponsors from and against any and all liability, claims, actions, lawsuits, losses, judgements, and demands whatsoever, in law or in equity, arising out of or in any way relating to the Applicant's participation in any event, including, but not limited to, personal injuries or injury to property sustained or caused by the Applicant during or as a result of participation by the Applicant in Lucky Lax, LLC. The Applicant is aware of the fact that lacrosse is a physically demanding and challenging sport in which injuries may occur. I authorize Lucky Lax, LLC and it agent's permission to request medical treatment as necessary to insure the well being of the applicant.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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