

# FREE CLINIC WAIVER FORM

\*First and Last Name of Parent/Guardian:

\*Email:

\*Mobile:

\*What school do you attend?:

\*Players First and Last Name:

\*Grade :

Waiver & Release Statement In consideration of being allowed to participate in any way in the Pinnacle Girls Lacrosse Clinic and related events and activities, the undersigned acknowledges, appreciates and agrees that: \* The risk of injury from the activities involved in this program and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. \* The applicant knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation. \* The applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. \* The applicant, for themselves and on behalf of their heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Pinnacle Girls Lacrosse, their officials, agents, and/or employees, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors premises used to conduct the event with respect to any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

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Parent Signature

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Print Name

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Date