



## I-90 Indoor Lacrosse Inc. Waiver & Release of Liability

I certify that I am the parent or legal guardian of the player named here: \_\_\_\_\_.  
By signing below, I indicate voluntarily participation in I-90 Indoor Lacrosse Inc. with the understanding that lacrosse is a strenuous, fast-paced contact sport with inherent risks to both players and spectators.

I acknowledge that participant conduct is governed by adherence to the rules of the game and discretionary calls of officials. I-90 Indoor Lacrosse Inc. is not liable for player misconduct.

As a spectator, I agree not to sit or stand within five (5) yards of the sideline of any field or in areas designated as off-limits. I will not enter the field of play without explicit instruction/invitation from the official. I agree to advise any spectator who accompanies me of the potential risks in being present at lacrosse events and will encourage them to take appropriate precautions to avoid injury.

I understand that players must be outfitted with all protective equipment as required by US Lacrosse rules and regulations and that this equipment must meet current safety specifications as defined by US Lacrosse, including a NOCSAE-certified helmet.

I understand that consultation with a physician is advisable prior to participation in strenuous physical activity and that it is the responsibility of participants to seek professional medical guidance to address any health concerns. I assume responsibility for seeking such counsel and will not field a player for whom participation is medically contraindicated.

I agree to indemnify and hold harmless I-90 Indoor Lacrosse Inc. from any and all claims, suits, causes of action and damages of any kind caused by, or resulting or arising from, my participation in or attendance, including, but not limited to, damages to the property of, or injury or death to, the undersigned.

I have read and agree to all terms of the I-90 Indoor Lacrosse Inc. Code of Conduct, with regard to my responsibilities as a participant and/or spectator.

**I agree to the I-90 Indoor Lacrosse Inc. Waiver & Release of Liability as stated above.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Minor Child Participant Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Minor Child Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date