



**North Allegheny Boys Lacrosse Association (NAYLAX)
Fall 2016 Clinic Parent/Guardian Permission**

RELEASE OF CLAIMS AND WAIVER OF RIGHT TO SUE

Lacrosse can be a dangerous sport, notwithstanding the rules of play, condition of the field or equipment used. On behalf of the Player, and on behalf of myself and my spouse, our heirs, assigns and representatives (collectively "**RELEASERS**"), and to the full extent permitted by law, we hereby AGREE NOT TO SUE AND FOREVER RELEASE AND DISCHARGE NORTH ALLEGHENY BOYS LACROSSE ASSOCIATION ("**NAYLAX**"), its directors, officers, coaches, volunteers, successors, insurers, sponsoring agencies, and owners and operators of properties, including the Borough of Franklin Park, used to conduct any NAYLAX games, practices or activities (collectively, "**RELEASEES**") for and from any and all injuries, claims, liabilities, demands, causes of action and/or other losses of any kind or nature (collectively, "**CLAIMS**") that the Releasers may hereafter have FOR INJURY OR LOSS OF ANY KIND AND SEVERITY, INCLUDING DEATH, AND LOSS OF PROPERTY, WHETHER SUCH INJURY OR LOSS IS DIRECT OR CONSEQUENTIAL, AND WHETHER SUCH INJURY OR LOSS IS KNOWABLE IMMEDIATELY OR IN THE FUTURE, arising out of the Releasers' participation in, attendance at or traveling to or from any NAYLAX game, practice or activity. Releasers understand that this agreement not to sue and release includes, but is not limited to, CLAIMS CAUSED BY OR ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR FROM HIDDEN OR OBVIOUS DEFECTS IN THE PROPERTY, FACILITIES OR EQUIPMENT USED in connection with a NAYLAX game, practice or event. The Releasers also permit NAYLAX to use any photographs of Releasers on its website, Facebook or other advertisement that may be taken during the lacrosse event(s). This Release and Waiver of Right to Sue is in addition to the Release and Waiver of Right to Sue that I or my spouse has already signed for Player for this lacrosse season.

I hereby give permission for (print player name) _____ to participate in the NAYLAX Fall 2016 program without restriction(s).

Parent/Guardian Signature _____

Parent/Guardian (print name) _____ Date _____