

## EAGLES LACROSSE CLUB GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

PLAYER'S NAME \_\_\_\_\_

In consideration of the above named player's membership in the Eagles Lacrosse Club ("the Club") and said player's participation in US Lacrosse and/or Club sanctioned, recognized or sponsored events ("Covered Events") I agree to the following:

1. **Waiver and Release:** I understand that players **MUST** be members of US Lacrosse and the Eagles Lacrosse Club to practice or play games with the team. I am fully aware of and appreciate the risks, including risks of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs, and personal representatives, that Chaminade Julianne High School, US Lacrosse and the Club, and the sponsor(s) with respect to a Covered Event together with coaches, officials, volunteers, employees, agents, officers, and directors of the Club and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver and Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events which shall constitute Covered Events for the purpose of this Waiver and Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
2. **Medical Attention:** I hereby give my consent to the Club in any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training, attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
3. **Readiness to Compete:** I will participate only in those Covered Events in which I believe I am physically and psychologically able to compete.
4. **Information Certificate:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all the benefits of membership in the Club and US Lacrosse
5. **Code of Conduct:** I agree to the terms of the US Lacrosse/Positive Coaching Alliance Code of Conduct.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**For any player who is not yet 18 years old:** As legal guardian of this player, I hereby certify by my signature below that I fully understand and accept each of the above conditions for permitting my child to practice, play in games, or travel to play in games of the Eagles Lacrosse Club and accept each of the above conditions.

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

\_\_\_\_\_  
Date

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