

PENN KINGSMEN LACROSSE

Consent Form for Penn Boys Lacrosse, Inc. Participants

Participant's Name

_____ Date of Birth	_____ Grade	_____ M / F Sex
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Parents' / Guardians' Names

Phone Number

Email Address

Street Address

City, State, Zip

PENN KINGSMEN LACROSSE
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Name of Participant: _____
(Please Print)

In consideration of participation in Penn Kingsmen Lacrosse events and activities, I hereby agree to release, discharge, and hold harmless Penn Boys Lacrosse, Inc., its officers, directors, employees, coaches, and all other agents (collectively the "Indemnitees") from any and all claims and liability of any nature.

1. I understand and acknowledge that the activities that I or my child engage in pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or harm to my child.
2. I acknowledge being informed of the possible strenuous nature of exercise and the potential for possible physiological results including, but not limited to fainting, heart attack, head injury, other injury, or death.
3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify the Indemnitees from any and all liability claims, demands, actions or rights of action which are related to, arise out of, or are in any way connected with my or my child's participation in Penn Kingsmen Lacrosse related activities.
4. Should any of the Indemnitees be required to incur attorney's fees and costs to enforce this agreement or to defend against any claims raised by me or my child, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that I or my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in any event, or else I agree to bear the costs of all risks that may arise or be created directly or indirectly through or by any such condition.
6. In the event that I or my child file a lawsuit against any of the Indemnitees, I consent to the exclusive jurisdiction of the State of Indiana and further agree to do so solely in the State of Indiana. I further agree that the substantive and procedural laws in the State of Indiana shall apply in such action without regard to the conflict of law as rules thereof.
7. I agree that if any portion of this agreement is found void or unenforceable that the remaining portions shall remain in full effect.
8. By signing this document, I acknowledge that if I or my child is hurt or property is damaged during my or my child's participation in any Penn Kingsman Lacrosse activity, I and/or my child shall be found by a court of law to have waived my and/or my child's right to maintain a lawsuit against all of the Indemnitees, on the basis of any claim from which I have released the Indemnitees by signing this agreement.

I have had sufficient opportunity to read this entire document and to seek advice of an attorney if I so desire. I have read and understand this liability waiver. I agree to be bound by its terms.

Signature of Legal Guardian: _____ Date: _____
(or Participant if 18 years old or over)