

**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 older)

**PENN KINGSMEN LACROSSE**

**CONCUSSIONS AND SUDDEN CARDIAC ACKNOWLEDGEMENT  
AND PERMISSION TO TREAT**

Student Athlete's Name (please print): \_\_\_\_\_

Penn Kingsmen Lacrosse follows the protocol suggested by Penn Harris Madison School Corporation with respect to concussions and sudden cardiac arrest, as outlined in the Penn High School Code of Conduct Handbook.

Player Acknowledgement –

As a student athlete, I have received and read the fact sheets provided by Penn High School regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

I agree to immediately notify the Kingsmen Lacrosse coaches if I experience any head injury or concussion symptoms resulting from ANY ACTIVITY, including those outside of lacrosse practices or games. I will notify the coaches of such condition before I participate in any practice or game.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

Parent Acknowledgement and Permission to Treat –

I, as the parent or legal guardian of the above named student, have received and read the fact sheets provided by Penn High School regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

I agree to immediately notify the Kingsmen Lacrosse coaches if my child is suspected of or diagnosed with a concussion or other head injury resulting from ANY ACTIVITY, including those outside of lacrosse practices or games. I will notify the coaches of such condition before my child participates in any practice or game.

I understand that in the event a serious or potentially serious medical emergency arises during a practice or game, and I cannot be contacted, the Permission to Treat form I signed as part of the Penn High School player registration grants permission to medically trained school staff to perform whatever supportive measures they deem necessary until such time as: (1) I can be contacted, (2) medical personnel can attend, or (3) transportation to a regular medical facility can be arranged. By signing below, I further extend this Permission to Treat to the Kingsmen Lacrosse coaches, should medically trained school staff not be present or available.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)