

I am aware that trying out, practicing, playing or any other form of participation in any sport or athletic activity can be dangerous and that participation involves MANY RISKS OF INJURY. I understand that the dangers and risks of engaging in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being. I also understand that the dangers and risks of engaging in athletics may result not only in serious injury, but also in a serious impairment of my child/ward to earn a living, and to engage in business, social and recreational activities and generally enjoy life. Because of the risks described above, I recognize the importance of my child/ward listening to and following all the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child/ward reading and adhering to all written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child/ward to obey all of the coach's instructions and warning. In consideration of Crown Point Lacrosse permitting my child/ward to try out, practice, play or in any other way participate in athletics, and to engage in all activities related to participation, including practicing, conditioning, playing and traveling, I HEREBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL RISKS AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named club, their trustees, officers, agents, servants, employees, their athletic staffs, all coaches, assistant coaches, physical education teachers, athletic trainers, physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property, or losses of any kind and nature whatsoever, which may result from or occur in connection with his or her participation in Crown Point Lacrosse athletics. I specifically acknowledge that certain sports are more high risk and may contain VIOLENT CONTACT involving even greater risks of injury than other sports and I UNDERSTAND THAT MY CHILD/ WARD ASSUMES THOSE RISKS AND I VOLUNTARILY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD. I do hereby request, authorize, and consent to accepting emergency care / treatment or first aid for my child as may be needed (including AED if available) by any available physician or licensed health care practitioner, any medical treatment facility/hospital, coach, parent, or "good Samaritan" and do hereby agree to indemnify and save harmless these individuals, and Crown Point Lacrosse from any claim by any person whatsoever on account of such care and treatment for my child. If, in the judgment of the adult leader in charge, the registered player needs emergency medical treatment as a result of any injury or sickness while under the care or control of Crown Point Lacrosse, I do hereby request, authorize, and consent to such emergency treatment as may need to be given to my child by any physician, licensed health care practitioner, or any medical treatment facility/hospital, specifically including the use of an AED; and I do hereby agree to indemnify and save harmless the adult leader in charge and the Crown Point Lacrosse from any claim by any person whatsoever on account of such care and treatment of my child. If time permits, we prefer that the adult in charge use the following physician to provide such care

Signed: _____ on _____