



Federation Lacrosse
 PO Box 166
 Sudbury, MA 01776

Federation Lacrosse General Release Form

Name _____ Phone: _____ Email _____

Address _____

Amateur Athletic Minor Waiver and Release of Liability

In consideration of being allowed to participate in any way in any Federation Lacrosse event, lacrosse camp, clinic, and related events and activities, the undersigned acknowledges, appreciates, and agrees that;

1. The risk of injury from the activities involved in this program is significant including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention to the nearest staff or official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next to kin, hereby RELEASE AND HOLD HARMLESS FEDERATION LACROSSE, their officers and Directors, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the camp. (Releases) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THE RELEASE OF LIABILITY AND THE ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

X _____ **Participant** _____ **Date Signed**

Parental Release

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent to this release as provided above all releasees, and for myself, my heirs, and next to kin. I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THEIR OWN NEGLIGENCE.

X _____ **Parent/Guardian** _____ **Date**

_____ **Emergency Phone Number**

Parent or Guardian Authorization to treat;

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose, and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above mentioned patient.

X _____ **Parent/Guardian** _____ **Date**