



RELEASE OF LIABILITY

**U.S. LACROSSE, INC./NONNEWAUG LACROSSE
MAY 18, 2012**

**- PARENTS/GUARDIANS OF PARTICIPANTS -
PLEASE READ BEFORE SIGNING**

Post University, Inc. is a separate entity and has no operational responsibility for U.S. Lacrosse, Inc. /Nonnewaug Lacrosse, its program or its staff and guests using University space or property.

AS THE PARENT AND/OR GUARDIAN OF MY CHILD, _____ (CHILD'S NAME),
I ACKNOWLEDGE THAT PARTICIPATION AT THIS ATHLETIC EVENT MAY RESULT IN POTENTIAL INJURY TO MY CHILD. FURTHERMORE, I AM AWARE THAT IT IS MY SOLE RESPONSIBILITY TO OBTAIN PROPER MEDICAL APPROVAL BEFORE MY CHILD ENGAGES IN ALL EXERCISE ACTIVITIES. IN ADDITION, I AND/OR MY CHILD ACKNOWLEDGE(S) AND AGREE(S) TO ABIDE BY ALL POLICIES AND PROCEDURES WHILE WE (HE/SHE) ARE (IS) ON POST UNIVERSITY'S PREMISES.

MY SIGNATURE BELOW REPRESENTS THAT I SHALL ACCEPT THE RISK OF ALL INJURY THAT MAY OCCUR, AND I RELEASE POST UNIVERSITY, ITS OFFICERS AND DIRECTORS, AGENTS, STAFF AND FACULTY FROM ANY AND ALL LIABILITY ARISING FROM ALL PHASES OF THIS ACTIVITY AS WELL AS THE USE OF POST UNIVERSITY'S FACILITIES , GROUNDS, AND EQUIPMENT WHILE AT POST UNIVERSITY.

PARENT/GUARDIAN SIGNATURE

SIGNATURE _____

PLEASE PRINT NAME: _____

DATE: _____

EMERGENCY CONTACT NAME AND PHONE #

NAME: _____ PHONE # _____