

SOUTHRIDGE SKYHAWKS YOUTH LACROSSE

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of my child/ward being allowed to participate in the lacrosse activities offered by Southridge Skyhawks Youth Lacrosse, Inc., an Oregon nonprofit corporation (SSYL), and SSYLs related events and activities (collectively, the Program), I acknowledge and agree as follows: The risk of injury to my child/ward from participating in the Program is significant and includes, without limitation, the potential for permanent disability and even death. I understand and agree that while particular rules, equipment, and personal discipline may reduce such risk, serious risks remain; FOR MYSELF, MY SPOUSE OR PARTNER AND MY CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, known and unknown, associated with participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF ONE OR MORE PROGRAM PARTICIPANTS OR SSYL EMPLOYEES OR ITS AGENTS, including, but not limited to, coaches, administrators, officers, directors, other players, referees, spectators and volunteers (collectively, Program Participants) and hereby EXPRESSLY ASSUME FULL RESPONSIBILITY for the participation of my child/ward in the Program; I have reviewed and willingly agree to comply with SSYLs terms and conditions for participation in the Program. If I observe anything unusual or have a significant concern related to the Program or the readiness of my child/ward to participate in the Program, I will remove my child/ward from participation and bring such issue to the attention of an SSYL official immediately; On behalf of myself, my spouse or partner, my child/ward and our respective heirs, assigns, personal representatives and next of kin, I HEREBY IRREVOCABLY RELEASE, INDEMNIFY, AND HOLD HARMLESS SSYL, its directors, officers, members, officials, agents, employees, volunteers, other participants, sponsors and advertisers, Tualatin Hills Parks and Recreation District, and the owners and lessors of any premises used to conduct or promote any Program event, and the successors, assigns and insurers of such parties (the Released Parties) WITH RESPECT TO ANY AND ALL CLAIMS OR CAUSES OF ACTION FOR ANY AND ALL LIABILITIES, INCIDENTS, INJURIES, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child/wards involvement or participation in the Program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES, PROGRAM PARTICIPANTS OR OTHERWISE, to the fullest extent permitted by law; Further, I expressly represent that I know of no mental or physical problems which might affect my child/wards ability to safely participate in the Program and the physical activity that participation involves. If I cannot be reached in an emergency, I hereby authorize all medical, surgical, dental and hospital procedures as may be prescribed by a duly licensed physician or other health care professional for my child/ward. I further agree that any adult member of the SSYL coaching/camp staff may authorize medical transportation (by ambulance or otherwise) to any hospital in the event of any medical illness or injury affecting my child/ward. This care may be given under whatever conditions are reasonable or necessary to preserve the well being of my child/ward. I also understand that I will be fully and exclusively responsible for any medical and related expenses incurred due to any injury or illness my child/ward suffers; and I hereby grant permission to SSYL to photograph my child/ward during SSYL lacrosse events, including, but not limited to, practices, games, tournaments and camps, and to use such photographs for the general purposes of SSYL, as it may deem appropriate, including posting such photographs on its websites. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL BE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY. UNDERSTANDING OF RISK AND RESPONSIBILITY I understand the seriousness of the risks involved in participating in the Program and my personal responsibility for adhering to Program rules and regulations, and I accept and assume all such risks and responsibility.

Parent #1 Printed Name: _____

Signature: _____ **Date:** _____

Parent #2 Printed Name: _____

Signature: _____ **Date:** _____

UNDERSTANDING OF RISK AND RESPONSIBILITY

I understand the seriousness of the risks involved in participating in the Program and my personal responsibility for adhering to Program rules and regulations, and I accept and assume all such risks and responsibility.

Player Printed Name: _____

Signature: _____ **Date:** _____

