

PARTICIPANT SIGNS IF 18 YEARS OF AGE OR OLDER
SOUTHERNMETHODISTUNIVERSITY
RELEASE OF LIABILITY FOR PARTICIPANTS IN LACROSSE FIELD RENTAL
StickStar Lacrosse Training
(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge that I freely and voluntarily wish to participate in the **StickStar Lacrosse Training** to be held on the campus of Southern Methodist University ("SMU"), **March 10-11, 2018** (the "Event"). I understand that participation in the Event is completely voluntary; that I am under no obligation to take part in the Event; and that **NO INSURANCE COVERAGE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS OR DAMAGES WHICH MAY ARISE OUT OF MY PARTICIPATION IN THE EVENT**. In consideration for SMU's arranging this opportunity for me to participate in the Event, I have fully read this Release of Liability and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least eighteen (18) years of age and competent to sign this affirmation and release.

I understand that I must arrange my own transportation related to the Event. I understand that if I choose to take my own automobile, I must provide my own automobile collision and liability insurance. I also understand that if I accept transportation offered to me by another Event participant and/or SMU student, staff, or faculty member driving his/her own automobile, that I accept such transportation at my own risk. I understand and agree that whatever mode of transportation I may choose will not be covered by any insurance policy owned by SMU.

I fully understand and agree that certain elements of the Event may be physically and emotionally demanding and that by my participation in the Event, I face risks of accidental and/or other physical and/or emotional injuries. These risks may include, but are not limited to (1) loss or damage to personal property; (2) physical or emotional injury or fatality due to, and/or related to, (a) all modes of travel while participating in the Event, whether by airline, automobile, train, boat, trolley, taxi, ride-sharing service, bus, public transportation, or walking, (b) the condition of facilities away from the SMU campus, which are not under the control and maintenance of SMU, (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, including but not limited to: sunburn, heat exhaustion, insect bites/allergies, dust, dirt, etc., as well as any and all injuries, whatsoever, including fatality, which may be sustained from activities of the Event, including, but not limited to, any and all injuries related to the Event's physical activity, such as walking, running, jumping, contact with lacrosse sticks and balls, colliding with other participants, slips and falls, such injuries include, but are not limited to, head concussions, traumatic brain injuries, temporary or permanent paralysis, broken bones, torn ligaments and tendons, sprains, severe contusions, lacerations, and all other injuries that may occur during the course of intense athletic competition, (d) any and all other aspects and stress related to the Event, including interaction with personnel who are not employees of SMU, risks inherent to travel to a rural or metropolitan area, and (e) suffering any type of injury, illness, or infectious disease with or without immediate access to medical facilities.

I understand and voluntarily choose to assume the risks of my participation in the Event and hereby represent that I am able to participate in this Event, with or without reasonable accommodations. I further acknowledge that I have asked for and have received reasonable accommodations for any disability I may have brought to the attention of the Event Supervisor, having first presented valid certification of my disability. I agree to advise the Supervisor at any point when I question my ability to participate in any activity of the Event.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE EVENT SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE EVENT, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART AND/OR ON THE PART OF THE EVENT OR SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS AND/OR ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in the whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and I involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED:

By: _____
Participant's Signature

Participant's Printed Name

Address / City / State / Zip Code

Phone: _____ Email: _____

EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM

1. Please identify all known allergies to foods, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A):

2. If participant is presently taking medication, please identify the medication and, if you choose, the reason for its use (if none, please put N/A):

3. In case of emergency, the following person should be contacted:

Name: _____ Relationship _____

Day Phone: _____ Night Phone _____

Please sign below to provide consent for emergency medical treatment. Please note that program coordinators are not trained medical professionals and may not be able to help if a serious accident or illness occurs.

Participant signs if 18 years of age or older:

I hereby authorize Southern Methodist University ("SMU") to acquire, at my expense, any and all necessary emergency medical care I may require while I am participating in the Training to be held on the campus of SMU, March 10-11, 2018 (the "Event"). This authorization does _____ does not _____ (check one) authorize blood or blood products to be provided to me.

By: _____ Date _____

Printed Name: _____

Parent/Guardian signs if participant is under 18 years of age:

I hereby authorize Southern Methodist University ("SMU") to acquire, at my expense, any and all necessary emergency medical care required for my child while he/she is participating in the Training to be held on the campus of SMU, March 10-11, 2018 (the "Event"). This authorization does _____ does not _____ (check one) authorize blood or blood products to be provided to my child.

By: _____ Date _____

Phone _____

(Printed Name)

Address _____

(Printed Name of Participant)

NOTICE: THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION IN THE EVENT.