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***Rochester Public Schools - Athletic/Activities Department***

***John Marshall High School Century High School Mayo High School***

***Brian Ihrke, Activities Director David Perkins, Activities Director Dan Christoffer, Activities Director***

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**Lacrosse Helmet Rental Agreement Form**

The purpose of this Agreement is to outline the terms and conditions under which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Student”) will be allowed to use the Lacrosse equipment identified below (“Equipment”) during summer months for camps and summer teams. By signing this agreement, Student and Student’s parent/guardian agree to the following:

* Student is currently enrolled in the District’s schools and will use the Equipment only for playing lacrosse.
* They understand and agree that Lacrosse is a contact sport involving the potential for serious injury. Student and Student’s parent/guardian assume all risk of injury associated with Student’s use of the Equipment. They understand and agree that the District will in no circumstance be responsible for any injuries arising out of Student’s use of the Equipment. Student and Student’s parent/guardian will defend, indemnify, and hold harmless the District, its School Board, administrators, employees, agents, attorneys, and insurers from and against any and all claims, demands, actions, liabilities, losses, damages, judgments, awards, costs, disbursements and expenses (including attorney’s fees) which arise out of, are in connection with, are based upon, or are in any manner related to Student’s rental of the Equipment.
* Student will return the Equipment on or before the FIRST of April 2026 to the Head Lacrosse Coach. Student must schedule an appointment with the Head lacrosse Coach identified below prior to returning the Equipment. The Equipment must NOT be turned into the Activities Office. Upon return, a professional inspection will be done on each helmet. If the Equipment is lost, damaged beyond usual wear and tear, or not returned to the District, Student and Student’s parent/guardian will pay the replacement cost for the Equipment (less the rental fee).

Student is renting the following lacrosse equipment: \_\_\_\_\_ Helmet \_\_\_\_\_

Helmet number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rental Fee: $25.00 - Check made out to Century Lacrosse Booster Club**

**Athlete’s Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE:**

**Equipment Rental Date:** \_\_\_\_\_\_\_\_\_\_\_ **Equipment Return Date:** \_\_\_\_\_\_\_\_\_\_\_

**Head Coach’s Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Helmet Inspector Name and Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_