

INDIVIDUAL PLAY WAIVER FORM

Individual Player Information

Name: _____ Parent's Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Medical Information

Please list below any medical conditions and/or allergies that you think we should know about

Consent and Liability Waiver – Release of All Claims (*must be signed in order to participate*)

I, _____ (parent/guardian) am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the All Ohio Lacrosse League, Team, Camp, Clinic, or any other activity sponsored by or through All Ohio Lacrosse. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute All Ohio Lacrosse and their agents, sponsors, building contractors, suppliers, volunteers and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance All Ohio Lacrosse and their agents, sponsors, building contractors, suppliers, volunteers and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, team, program, camp, clinic or any other activity. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS RESOLUTE LACROSSE AND THEIR AGENTS, SPONSORS, VOLUNTEERS AND EMPLOYEES WHO THROUGH NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD OR OUR HEIRS OR ASSIGNS FOR DAMAGES.

I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions, which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, team, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from All Ohio Lacrosse, their agents, sponsors, volunteers and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND RESOLUTE LACROSSE AND THEIR AGENTS, SPONSORS, VOLUNTEERS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL. I also agree that All Ohio Lacrosse and their agents, sponsors, volunteers, and employees may use my child's photograph in future promotions.

Parent Signature: _____

Date: _____

Print Name: _____