



AGREEMENT TO PARTICIPATE & RELEASE OF LIABILITY

Read Carefully Before Signing As All Conditions Are Binding: In consideration of being allowed to participate in the Coalition Lacrosse, INC lacrosse activities, including but not limited to any practices, clinics, tournaments, and games, at whatever location, the undersigned acknowledges, appreciates and agrees that:

- Participation in lacrosse involves certain inherent risks and, regardless of the care taken, it is impossible to ensure the participant's safety.
- Lacrosse requires considerable coordination, agility, and a high level of cardiovascular fitness.
- Lacrosse involves vigorous activity, quick bursts of speed, and alertness to fast moving objects. A variety of injuries may occur, including: minor scrapes, bruises, and sprains; more serious injuries, such as broken bones, cuts, concussions, eye injuries, and ligament strains or tears; and catastrophic injuries such as heart attack, paralysis, and death, and I assume all risk.
- These injuries may occur in lacrosse as a result of accidents such as slips, being struck by the ball in an unprotected area, being struck by a stick in an unauthorized fashion, colliding with another player, colliding with the goal, falling or excessive stress placed on the cardiovascular system. To help reduce the chance of injury to oneself or other participants, participants are expected to follow all official rules. All participants are expected to: wear protective shoulder, arm and other pads, helmets, mouth guards, cups, gloves and other equipment to protect oneself and as required by the official rules. Coalition Lacrosse is NOT liable for injuries.

I/We, the parent(s)/guardian(s) of Print Participant Name : _____

I hereby give permission for my/our child to participate in any Coalition Lacrosse, INC events, etc.

I/We understand there are obvious known dangers/risks inherent in participation in this program (or any program of this nature), including, but not limited to, injuries sustained through a fall or loss of personal property.

I/we voluntarily agree to assume such risks. In consideration of the Coalition Lacrosse, INC permitting my/our child's participation in its program, based on my/our representation that my/our child is in proper physical health and condition to participate, I/we agree:



- To assume all risk of injury to my/our child and all risk of damage to or loss of my/our child's property arising from my/our child's participation in the Coalition Lacrosse program
- To release and forever discharge Coalition Lacrosse, INC and its coaches and players, each of their officers, volunteers, coaches, agents, event locations and employees from any and all claims or liability for any injury, including death, and for property damage or any loss which may be suffered by me or my child arising out of or in any connection with my child's participation in the Coalition Lacrosse, INC program. Such participation will include, but is not limited to: practice, games, tournaments, team functions, travel, and all form of lacrosse related activities.

And;

- For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless Coalition Lacrosse, INC and its coaches, each of their officers, volunteers, coaches, agents, and employees from any and all liability, claims, demands, actions, loss and damage arising out of my/our child's participation in the Coalition Lacrosse, INC program.

I have read this agreement to participate/release of liability agreement fully, and understand its terms. I know, understand, and appreciate the risks associated with playing lacrosse and for my/our child, myself, our heirs, executors, administrators and assigns agree that

Print Name: _____ is voluntarily participating in the activity.

Signature of Parent/Legal Guardian: _____

Print Name of Parent/Legal Guardian: _____

Date signed: _____

Signature of Parent/Legal Guardian No. 2 _____

(Only required per court order, agreement, etc.)

Print Name Parent/Legal Guardian No. 2: _____

Date signed: _____