

# Sweetwater Lope Lacrosse Waiver of Liability

WE, the undersigned, for and in consideration of providing the undersigned PLAYER with the opportunity to participate in the Sweetwater Lope Lacrosse program, do hereby unconditionally release and agree to indemnify and hold harmless Sweetwater Lope Lacrosse Club, or any person, coach, volunteer or entity employed or associated with any of them from any and all claims for personal injury, death, property damage or any type of claim or damage (including, but not limited to, attorney's fees and litigation expenses) resulting from or arising out of the undersigned PLAYER'S participation in the sport of lacrosse or transportation to and from events with the Sweetwater Lope Lacrosse Program.

WE, the undersigned, hereby consent and grant to the coach or volunteers of the Sweetwater Lope Lacrosse program with the express authority and discretion, but not the requirement, to provide medical or emergency services need by the undersigned PLAYER during his participation in the sport of lacrosse with the undersigned parent/guardian being financially responsible for such services.

The undersigned represents the PLAYER is physically and psychologically able and prepared to participate in the sport of lacrosse, and understands and accepts the fact that sports participation, including lacrosse, involves risk of injury and bodily harm, including but not limited to, paralysis and death. These risks are voluntarily and knowingly assumed by the undersigned.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.**

I HEREBY CERTIFY that I have personal health insurance. My insurance company/ Policy # is:

\_\_\_\_\_

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PARENT/GUARDIAN: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_