

Peabody Youth Girls Lacrosse
Fall Clinic - \$50
2018



FRIDAYS
November 2, 9, 16 & 30
December 7 & 14

Grades 1st - 4th - 7:00pm – 8:00pm
Grades 5th - 8th - 8:00pm – 9:00pm

Location – Latitudes – Rt. 1 South in Peabody

What to Bring:

- Girls Lacrosse Stick
- Mouth Guard
- Goggles

What to Wear:

- Athletic Clothing - Shorts and Lacrosse Pinnie (if you do not have one, you can purchase one for \$15)
- Indoors Cleats or Sneakers

Player's Information:

Name: _____ Grade: _____

School: _____

Known Allergies: _____

Medical Conditions: _____

In Case of Emergency - Parents/Guardians Contact Information:

Name: _____

Cell: _____

Please make check payable to Peabody Youth Girls Lacrosse - \$50

Check _____ Cash _____

Program Name: _____ Coach : _____

Start & End Date of Program: _____ to _____

PARTICIPATION WAIVER

- A. I ACKNOWLEDGE, AGREE AND REPRESENT that I understand the nature of activities at this facility and that I am qualified, in good health and in proper condition to participate in all activities.

- B. I FULLY UNDERSTAND that all activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activities. The condition in which the activities take place or the negligence of the releases names below. There are many other risks and social and economic losses either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR losses, costs and damages I incur as a result of my participation in all activities.

- C. I AGREE AND WARRANT that I will examine and inspect each activity in which I take part and that, if I observe any condition which I consider to be unacceptable, hazardous or dangerous, I will notify the proper authority in charge and will refuse to take part in any activity until the condition has been corrected to my satisfaction.

- D. I HEREBY RELEASE, discharge and covenant not to sue GROSSI & DENISCO, INC. DBA LATITUDE SPORTS CLUBS, their administrators, directors, agents, officers, volunteers and employees, other participants, organizers, sponsors, advertisers and if applicable, owners and lesser of the premises, in which the activities take place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees.

- E. I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees, from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and I agree, that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue in full force and effect.

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

(If applicable)

