

CRANFORD LACROSSE CLUB 2020 WAIVER AND RELEASE



AGREEMENT REGARDING PARTICIPATION, ASSUMPTION OF RISKS, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION CAREFULLY READ AND COMPLETE ALL PAGES

Player name: _____ **Birth date:** _____ **Grade:** _____

The purpose of this Agreement is to enable parents/legal guardians and child/ward to give informed consent for that player to participate in the 2020 lacrosse program (this program includes conditioning training, lacrosse practices, clinics and games and are referred to collectively as the "program") for the Cranford Lacrosse Club ("CLC") and to confirm the agreement of the player and the parents/legal guardians regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the player's participation in CLC's 2020 lacrosse program. This agreement also provides for consent regarding photographs, publication, and media coverage of the 2020 lacrosse program.

RISKS: I agree and understand that there are significant risks (some known and others unknown or unforeseeable) associated with participation in a youth lacrosse program. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the lacrosse program. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, the physical condition and health (known or unknown) of the player; field conditions; actions of players on opposing teams; weather; improper techniques in executing the skills needed to play the game of lacrosse; actions of teammates or spectators; hazards inherent in a sport involving extensive and sometimes violent physical contact; improper or malfunctioning equipment; improper or inadequate training or coaching; negligence of CLC volunteers or others Released Parties identified below; and transportation to and from practices, games, clinics or other program activities.

INSURANCE: All players choosing to participate in CLC's 2020 lacrosse program are required to be covered by personal medical/accident insurance. As a condition of participation, CLC requires all players choosing to participate in the 2020 lacrosse program to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc. Also, as a condition of participation in either practices or games all players must be current, active members of US Lacrosse for the duration of the season. I am confirming that my child/ward has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in CLC's 2020 lacrosse program. I am also confirming that my child/ward has an active membership with US Lacrosse.

PHOTOGRAPHS: I confirm my understanding and consent that by participating in CLC's 2020 lacrosse program, my child/ward may be photographed, identified and/or interviewed by people providing information for publications or the media. I give my permission for CLC to publish, on its website or in other publications, photographs and other information which may identify my child/ward related to my child's participation in CLC's 2020 lacrosse program.

BOYS HELMETS: I will assume full responsibility ensuring that sure my child's lacrosse helmet is a currently certified NOCSAE approved helmet. The helmet must bear the "meets NOCSAE standards" seal and bear the "NOCSAE" word on the helmet. I acknowledge that a helmet should be sent to a NOCSAE licensed agency every year for reconditioning and testing OR replaced after 3 years. I understand that no helmet can prevent all head and neck injuries a player might receive while participating in any practice or game.

GIRLS HEADGEAR: I understand that use of headgear for field players is optional in girl's and women's lacrosse. I understand that if I choose for my female player to wear optional headgear as a field player, I assume full responsibility for ensuring the headgear meets ASTM standard, F3137, per US Lacrosse. There must be marking on both the packaging and product that states that the headgear conforms to ASTM standard F3137. This optional headgear must also be worn with required ASTM women's lacrosse eyewear. I understand that no helmet can prevent all head and neck injuries a player might receive while participating in any practice or game.

Parent/Guardian Signature: _____ Date: _____



PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any athletic program(s), and in consideration of my or our child/ward's being allowed to participate in CLC 's 2020 lacrosse program, I/we agree to assume all risks (whether known or unknown) of participation in CLC's 2020 lacrosse program, to release and hold harmless the CLC, together with its board, team managers, coaches, volunteers, and other agents (collectively, the "Released Parties"), from any and all claims, liabilities, and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in CLC 's 2020 lacrosse program, including transportation to/from related events or activities, other than claims, liabilities or damages based on the gross negligence of CLC or its volunteers. In addition, I/we agree to indemnify and hold the Released Parties harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in CLC's 2020 lacrosse program. I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN CLC's 2020 LACROSSE PROGRAM), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO UNCONDITIONALLY RELEASE AND WAIVE ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASED PARTIES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, TO THE GREATEST EXTENT ALLOWED BY LAW.

I have obtained the consent of any other parent or guardian with custodial rights affecting this Agreement Regarding Participation, Assumption of Risks, Waiver and Release of Liability and Indemnification and have the full legal authority to enter into this Agreement on behalf of myself and such other parent or guardian.

Parent/Guardian name(s): _____
Player Name: _____
Home address: _____
Primary phone: _____ Secondary phone: _____
In case of emergency call: _____ Phone: _____
Insurance Carrier: _____ Group/Policy #: _____
Subscriber Name: _____ Subscriber #: _____
Player's Physician _____ Physician's phone: _____
Player's Dentist _____ Dentist's phone: _____
Player's Physical/Medical Conditions: _____
Medications: _____ Allergies: _____

EMERGENCY MEDICAL TREATMENT: Participation in lacrosse involves the potential for serious injury. As a parent or legal guardian I authorize the CLC coaches, agents, volunteers and/or medical persons to arrange for, make decisions, or render care for any emergency due to injury or illness including EMS or emergency room transportation, hospitalization and consultation or treatment by a medical professional or specialist regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents/legal guardians can be reached at a time when any such decisions need to be made while my child/ward is participating in CLC 2020 lacrosse program. I confirm that my child/ward is healthy and able to participate in CLC 's 2020 lacrosse program and have had the opportunity to consult with a physician on this subject if I chose to do so.

Parent /Guardian Signature: _____ Date: _____