



OCONOMOWOC LACROSSE CLUB

OPEN PRACTICE WAIVER

Participant's Name _____

Birthdate _____ M or F

Address _____

City _____

Zip _____

RELEASE and WAIVER of LIABILITY, Assumption of Risk, and INDEMNITY, and Parental Consent AGREEMENT

I have voluntarily enrolled my child(ren) at the Oconomowoc Lacrosse Club's open practice at Nature Hill and understand that utilizing the facilities, services and programs of Oconomowoc Lacrosse Club (or for my children to so participate) for any purpose, may be hazardous. I hereby accept any and all risk of injury. I hereby fully and forever release the Oconomowoc Lacrosse Club, its owners, agents, employees, or instructors/coaches as well as Nature Hill and/or the Oconomowoc School District from all actions, claims or demands that I, my assignees, heirs or agents or my enrolled child or such child's assignee, heirs or agents now have or may hereafter have for injury or damage resulting from my child's participation in any activity or program or during the time and after these activities/programs. I am also responsible for any intentional damage done by myself/or my child on the premises. As a parent or legal guardian of the enrolled child, I hereby give consent for any emergency medical treatment as approved by the person in charge in case of injury or sudden illness.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Print name of parent or legal guardian

Signature of Applicant/Parent & Cell Phone Number

Date