



Release Form

2009 Season

<http://www.santarosalacrosse.org>

I, THE PARENT/GUARDIAN, OF THE REGISTRANT PARTICIPANT, A MINOR, AM FAMILIAR WITH THE NATURE OF LACROSSE. I (WE) UNDERSTAND THAT PARTICIPATION IN LACROSSE CAN BE DANGEROUS AND I (WE) ACCEPT ALL RISKS OF INJURY AND DEATH.

I (WE) ACCEPT THAT WE ARE BEING PROVIDED AN OPPORTUNITY TO PARTICIPATE IN AN ACTIVITY AND THE USE OF LEASED ATHLETIC FACILITIES. I (WE) ACCEPT THAT WE WILL NOT BE PROVIDED WITH MEDICAL INSURANCE COVERAGE AND THAT IN ORDER TO PARTICIPATE IN ACTIVITY REQUIRES THAT I(WE) HAVE PERSONAL MEDICAL INSURANCE AND MEMBERSHIP IN US LACROSSE, WHICH COVERS ALL LEAGUES, TOURNAMENTS AND CLINICS IN CASE OF EMERGENCY. IN CONSIDERATION FOR THE PRIVILEGE TO PARTICIPATE IN THIS ACTIVITY, I (WE) AGREE TO ASSUME ALL RISKS AND RELEASE AND HOLD HARMLESS THE ORGANIZERS AND COACHES, IT'S AGENTS, OWNERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE ACTIVITY, FROM ALL LIABILITY, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF MY PARTICIPATION IN ANY AND ALL ACTIVITIES FOR THE LEAGUE, INCLUDING PRACTICES, GAMES, TRANSPORTATION, TOURNAMENT PLAY OR ACCIDENTAL EVENTS THAT MAY HAPPEN WHILE WITH THE **SANTA ROSA LACROSSE CLUB**.

I (WE) WILL ENSURE THAT THE REGISTRANT WILL FAMILIARIZE (HIS/HER) SELF WITH THE RULES OF THE GAME, OF THE EVENT ORGANIZERS, AND WILL TO THE BEST OF HIS/HER ABILITY PLAY UNDER CONTROL AND AVOID INJURY TO SELF AND OTHER PERSONS USING WHILE PARTICIPATING. I (WE) UNDERSTAND THAT THE REGISTRANT'S PARTICIPATION PRIVILEGE MAY BE REVOKED FOR DISCIPLINARY REASON AND I (WE) ACCEPT ANY AND ALL RISK AS DESCRIBED ABOVE AND ACKNOWLEDGE SO.

Parent/Guardian signature _____

Date _____

Emergency Contact Name _____

Phone _____

Player(s) please print _____
