



NORTH HILLS BOYS LACROSSE CLUB

WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING

Name of Player: _____

In consideration of being allowed to participate in the North Hills Boys Lacrosse Club, related events, and activities, the Player and undersigned Parent/Guardian acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the Lacrosse program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I/We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for our participation. However, if any unusual significant hazard is observed during our presence or participation, I/We will remove ourselves from participation and bring such to the attention of the officials of the Club and,
3. I/We willingly agree to comply with the Club rules with regard to our conduct in participation in associated activities. I/We agree to wear all the required protective equipment, maintain insurance coverage, and
4. I/We, for ourselves and on behalf of our heirs, assigns, and next of kin, hereby release and hold harmless the North Hills Lacrosse Club, the North Hills School District, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct Club activities, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise.

I/We have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Player's Signature: _____ Date: _____