

## ADAPTIVE LACROSSE PA

### Liability Release and Waiver (Minor):

I, parent/guardian of the minor participant listed below acknowledge and fully understand that the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the rules of play, or the conditions of the premises where the activities are conducted or of any equipment used. Further, that there may be other unknown risks not reasonably foreseeable at this time. I hereby expressly assume all the foregoing risks and accept full responsibility for any and all damages, liabilities, losses or expenses incurred as a result of the minor participating in the activities. I hereby agree to release, discharge, defend, indemnify and hold harmless Adaptive Lacrosse PA and its directors, officers, employees, coaches, managers, agents, sponsors, volunteers and associated personnel, including but not limited to those of its affiliated organizations, the owners and lessors of the premises used to conduct the event, all of whom are hereinafter referred to as 'Releasees', from any and all liability to each of the Releasees, their successors, heirs and assigns from and against any and all claims by or on behalf of the minor participant as a result of his/her participation in the activities, which participation, after careful consideration I hereby authorize. I further covenant not to sue Adaptive Lacrosse PA or any of the other Releasees for any claims arising out of the minor's participation in the activities.

I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the minor participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent of Adaptive Lacrosse PA will be of no effect, will not be binding on any Releasee and will cause the participant to be removed from the activities described above.

Minor's Participant's Printed Name: \_\_\_\_\_

Parents/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if participant is under the age of 18)

