



2020-2021 Fall and Spring League Player

## GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

IN CONSIDERATION OF the permission granted my child \_\_\_\_\_ by the Kentucky Lacrosse Association, the Commonwealth Lacrosse League, and Henry Clay Lacrosse Boosters, Inc. to participate in their Lacrosse Programs, Activities and Leagues, I HEREBY WAIVE any and all claims or causes of action against Kentucky Lacrosse Association, the Commonwealth Lacrosse League, Henry Clay Lacrosse Boosters, Inc. and their volunteers, agents, as signs, coaches, board members and officers the Released Parties, and HEREBY RELEASE AND HOLD HARMLESS the Released Parties from any and all claims, demands, causes of action, judgments, and executions which I and/or my child ever had, or now have, or which my or my child's heirs, executors, administrators, or assigns, may have, or claim to have, against the Released Parties for all personal injuries or death, known or unknown, and injuries to property, real or personal, and for any other consequential or incidental damages caused by or arising out of the programs, activities or leagues sponsored and administered by the Released Parties including where any such liability is or may be attributable to the alleged negligence (absence of ordinary care) of the Released Parties. I verify that my child is physically and psychologically able and prepared to participate in the sport of lacrosse. I understand and accept the fact that the sport of lacrosse involves risks of injury and even death, and I voluntarily and knowingly assume those risks.

**I verify that my child is a current US Lacrosse member for the 2020-2021 season and it is my responsibility to maintain a current membership and report any changes to the Henry Clay Lacrosse Boosters.**

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, AND AGREE THAT THIS RELEASE AND WAIVER SHALL BE LEGALLY BINDING ON ME, MY CHILD AND OUR HEIRS, BENEFICIARIES, ASSIGNS OR ANY OTHER SUCCESSORS IN INTEREST.

### CONSENT FOR MEDICAL TREATMENT

If I cannot be reached by telephone, I hereby authorize any and all emergency medical treatment for my child that is deemed necessary by any physician, nurse or paramedic.

Player's Name: \_\_\_\_\_ Parent

or Guardian signature: \_\_\_\_\_ Parent or

Guardian Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_