INDIVIDUAL RENTAL or DROP-IN

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT

Today's Date _____ Signed waiver is valid for one (1) year from date signed.

Participant Last Name _____ First Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Emergency Contact & Insurance Information

Name _____ Relationship to Participant _____

Home Phone Number _____ Cell Phone Number _____

Allergies _____

Other Medical Conditions _____

Insurance Carrier _____

Policy Holder's Name _____Policy Number_____

Complete If Minor Participant Date of Birth _____ Gender _____

Parent's/Guardian's Name _____

Home Phone Number _____ Cell Phone Number _____

I, the participant or parent and/or guardian of the minor participant listed above (the "Participant"), hereby give permission for the participant to participate in **unsupervised lacrosse activity inside the designated lacrosse shooting area** (the "Activity"). I understand the nature of the activity and the participant's experience and capabilities and believe the participant to be qualified, in good health, and in proper physical condition to participate in the Activity. I understand that participating in the activity may result in severe injury including permanent disability and death.
I hereby authorize the Activity staff to seek medical treatment for the participant as they see necessary at a medical facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the Activity. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Activity staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the participant. I accept responsibility for payment of all services rendered. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims.
I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EAST SIDE LACROSSE LLC, ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, AND EMPLOYEES, OTHER PARTICIPANTS, ANY SPONSORS, ADVERTISERS, AND OWNERS AND LESSEES OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE (EACH CONSIDERED ONE OF THE "RELEASEES" HEREIN) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND FURTHER AGREE IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT, I, THE PARTICIPANT, OR ANYONE ON THE PARTICIPANT'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST WHICH THE RELEASEES MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I further give my permission for the use of any photo or likeness of the above participant to be used by the sponsoring organizations for their use in promotional materials.

PRINT NAME OF PARTICIPANT _____

PARTICIPANT, if minor PARENT/GUARDIAN SIGNATURE _____ DATE _____