**AUBURN YOUTH LACROSSE**

**SPRING, 2016**

**WAIVER & RELEASE OF LIABILITY**

 **Signature is required to participate**

In consideration for being allowed to participate in any and all competitive and instructional play, traveling or local, during the Spring of 2016 with the **Auburn Youth Lacrosse Club,** an Alabama Non-Profit Corporation(herein, the “Auburn Youth Lacrosse Club” or the “Association”), to include, but not be limited to the Association, it’s officers and directors and agents, the City of Auburn, all agents thereof, all parents and volunteers associated with the program, all coaches, assistants, referees and all other agents assisting with the program, formally or informally --- all of said individuals referred to herein as **"Releasees"**), in the City of Auburn or in any other location, inside or outside the State of Alabama, at practice or in competition play and/or play in and around completion, the undersigned acknowledges, understands, appreciates and agrees, for himself, herself, his or her heirs, assigns, and minor children, that:

1. The risk of injury from the activities involved in this program is significant, including the potential for catastrophic injury, permanent paralysis and death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities and while particular rules, equipment and discipline may reduce this risk, the risk of serious injury does exists; and,

2. I 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 my minor child’s participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazards during my presence of my minor child’s participation, I will remove my minor child from participating and bring such to the attention of the nearest official immediately; and,

4. I as parent/guardian with legal responsibility for this participant, do consent and agree to RELEASE and HOLD HARMLES the Releasees, with respect TO ANY AND ALL INJURY, DISABILTY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLEGENCE OF THE RELEASEES OR OTHERWISE; and,

5. For myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARRISING FROM THEIR NEGLEGENCE; and,

6. I agree to hold each of the Releasees harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys’ fees, made by any third party due to or arising from or relating to my intentional or negligent actions, omissions or conduct.

7. **Medical Attention**: I hereby give my consent to the City of Auburn Parks and Rec and/or the Auburn Youth Lacrosse Club, including its designated coaches, to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my/our child’s participation in **Auburn Youth Lacrosse Club’s** sponsored or sanctioned events: and,

8. **Readiness to Compete**: I will only allow my/our child to participate in those competitions or activities in which I believe he/she is physically and psychologically prepared to participate. I/we understand that if my/our child is not physically and psychologically prepared to participate in practices, my/our child player is not cleared to play in games until note received by physician and approved by the coaches of AYLC.

9. **Refund Policy for Post-season Play:** I/We agree that should my/our child decide to quit the program at any time that refunds will be in accordance with AYLC patterns and practice on a case-by-case basis.

10. **United States Lacrosse:** By signature below, I affirm that my child is a member of United States Lacrosse and is covered by liability and medical insurance by virtue of his or her association with such entity.

11. **Payment**: I hereby agree to pay and/or reimburse all expenses related to my child’s participation in post-season play with AYLC. I further agree to pay and/or reimburse any and all Releasees, for expenses incurred on behalf of my child, including but not limited to medical expenses, travel expenses, and any and all post-season expenses.

I understand that I shall be responsible for the understandings and agreements contained herein and hereby consent to all such terms and agreements knowingly and deliberately.

**PLEASE SIGN SEPARATE FORMS IF YOU HAVE MORE THAN ONE CHILD PARTICIPATING**

*AGREED:*

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [PRINT]

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_