

RUN AND SHOOT LACROSSE
PARTICIPANT WAIVER & RELEASE
Signature is required to participate

In consideration of participating in any Run and Shoot sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports condition activities. I further agree on behalf of myself, my heirs and personal representatives, that Run and Shoot along with coaches, staff and all individuals associated with the tournament, shall not be liable for any injury, loss of life or other loss of damage occurring as a result of my participation in the event.
2. Medical Attention: I hereby give my consent to Run and Shoot 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 participation in the Run and Shoot sponsored or sanctioned events.
3. Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

NOCSAE HELMET UNCONDITIONAL RELEASE STATEMENT

As a Run and Shoot Lacrosse clinic participant, you acknowledge that you are aware of the NOCSAE announcement regarding the voiding of certification of the Cascade Model R and the Warrior Regulator Lacrosse helmets and that, if your son chooses to participate in our events while wearing either of these specified models, that your (their) participation is voluntary and that you knowingly assume all risks inherent in their participation.

This Notice informs you of the assumption of risk and, by freely and voluntarily participating in our event, you confirm that you are giving up substantial rights, including your right to sue and providing Run and Shoot Lacrosse, LLC an unconditional release of all liability to the fullest extent allowed by the law.

Signature of Participant

Date

Participant Last Name, First Name (please print)

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child to participate in any Run and Shoot sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian

Date

INSURANCE INFORMATION

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.
