

**AMATEUR ATHLETIC WAIVER AND  
RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Summit Country Day Youth Lacrosse program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is risk of injury from the activities involved in this program. While particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; 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 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 hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin HEREBY RELEASE AND HOLD HARMLESS THE Summit Country Day Youth Lacrosse program, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
(Participant signature)

DATE SIGNED: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF  
REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the releasees, and for myself, my heir, assigns, and next of kin, I release and agree to indemnify the Releasees from any all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
(Parent or Guardian Signature)

DATE SIGNED: \_\_\_\_\_

EMERGENCY PHONE NUMBER(S) \_\_\_\_\_

