

2019 SUMMER CAMP WAIVER

Instructions:

Make Checks Payable To: MIAMI YOUTH LACROSSE

Cost: \$200 --- Please circle session you are registering for (Week 1-June / Week 2-August)

Mail To: PO Box 557143
Miami, FL 33255

Player Name: _____ Date of Birth: _____

Zip Code: _____ Grade: _____ School: _____ US Lacrosse # _____

Email: _____ Emergency Contact # _____

Waiver: In consideration of being permitted to participate in any way in the Miami Youth Lacrosse program, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Miami Youth Lacrosse, LLC, their officers, employees, coaches, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Miami Youth Lacrosse program

(Initials _____).

Assumption of Risks: Participation in the Miami Youth Lacrosse, LLC, program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. *I am aware that lacrosse is a vigorous sport involving violent physical contact and strenuous cardiovascular stress; specific hazards or risks involved in the Miami Youth Lacrosse, LLC. this includes, but are not limited to the following:*

Risk of sprains, bruises, broken bones, ligament tears and head injuries from participants or facilities

Serious risk of all bones, joints, muscles and internal organs from contact or reckless contact of other participants

High risk of hand, wrist or shoulder injury or dislocations from regular training

Risk of dehydration, heat stroke, and concussions from training or competition

Risk of neck, back, or spinal injuries with the possibility of paralysis or partial paralysis

Risk of emotional and psychological injuries or damage

Risk of social or economic losses due to such inherent risks

Risk of death

I understand that lacrosse requires a certain level of fitness for safe participation and that the Miami Youth Lacrosse, LLC highly recommends all participants have a physical examination to determine participation in Miami Youth Lacrosse activities.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent with the Miami Youth Lacrosse, LLC and the sport of lacrosse. I hereby assert that my participation is voluntary and that I have knowledge of the danger involved and all such risks of property damage, personal injury or death

(Initials _____).

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Miami Youth Lacrosse, LLC, and their officers, employees, coaches, volunteers and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Miami Youth Lacrosse, LLC. and to reimburse them for any such expenses incurred

(Initials _____).

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect

(Initials _____).

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent or Guardian: I am the parent or legal guardian of the above named minor child and, as such, I am authorized to enter into this agreement. I agree that my minor child and I are bound by and subject to the terms of this agreement. I understand that my signature here reflects my agreement to **hereby release, waive, discharge, and covenant not to sue** the Miami Youth Lacrosse, LLC, and their officers, employees, coaches, volunteers and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Miami Youth Lacrosse, LLC.

Parent/Guardian Name

Parent/Guardian Signature

Date