



St. Charles High School Boys Lacrosse Club 2006-07 Amateur Athletic Minor Waiver and Release of Liability

In consideration of being allowed to participate in any way in the St. Charles High School Boys Lacrosse Club athletic/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor Participant prior to participating that he should inspect the facilities and equipment to be used, and if the participant feels anything is unsafe, he should immediately advise his coach of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each Participant will be engaged in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the conditions of the premises and equipment used. Further, that there may be other risks not known to us which are not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue St Charles High School Boys Lacrosse Club, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, advertisers and, if applicable, owners and lessors of the premises used to conduct the event, all of which are hereafter referred to as "releasee," from all liability to each of the undersigned, his heirs and next of kin and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Name of Parent/Guardian (please print) _____

Parent/Guardian signature _____ date _____

Name of Participant (please print) _____

Participant signature _____ date _____

In the event of an emergency during the session, please contact:

Name _____ Tel: _____

Name _____ Tel: _____