

ASSUMPTION OF RISK - INJURY

Recognizing the possibility of physical injury associated with the sport of lacrosse, I hereby release, discharge and or otherwise indemnify the Blaine Youth Lacrosse Association, its affiliate associations, member teams, event hosts and each of them and their directors, officers, employees, operators, trustees, members and agents against and from any and all claims, expenses, costs, damages, loss, accidents, fines, judgments, awards, liabilities and causes of action as a result of the registrants participation in the sport of lacrosse. I assume all risks associated with participation in the sport of lacrosse. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. All such risks to my child are known and understood by me.

ASSUMPTION OF RISK - ILLNESS

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE. I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

I hereby verify by my signature below that I have fully read and understand each of the above conditions for participating in any GNLL event. In case of injury I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I understand that I have given up substantial rights by agreeing and do so voluntarily.