

Upstate Lacrosse Association- ULA INC.
MINOR WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE Upstate Lacrosse Association- ULA INC. ATHLETICS/ SPORTS PROGRAM, AND RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

1. AGREE THAT THE PARENT(S) AND/ OR LEGAL GUARDIANS(S) WILL INSTRUCT THE MINOR PARTICIPANT THAT PRIOR TO PARTICIPATING HE OR SHE SHOULD INSPECT THE FACILITIES AND EQUIPMENT TO BE USED, AND IF THE PARTICIPANT BELIEVES ANYTHING IS UNSAFE, HE OR SHE SHOULD IMMEDIATELY ADVISE HIS OR HER COACH OR SUPERVISOR OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.

2. ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGING 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 CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR 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 THE Upstate Lacrosse Association- ULA INC. ITS AFFILIATED ORGANIZATIONS THEIR ADMINISTRATORS, DIRECTORS, AGENTS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES", FROM ANY AND ALL LIABILITY TO EACH OF THE UNDERSIGNED, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY 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 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 VOLUNTARY.

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

DATE

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

NAME OF MINOR _____

BIRTH DATE _____

IDENTIFY ALLERGIES OR SPECIAL CONDITIONS _____

I/WE, BEING THE PARENTS (S) OR LEGAL GUARDIANS (S) OF THE ABOVE NAMED MINOR,
DO HEREBY APPOINT:

NAME

ADDRESS

PHONE

1. **Cazenovia Youth Lacrosse Association Coaching Staff**

2. _____

TO ACT IN MY/OUR BEHALF IN AUTHORIZING UNEXPECTED MEDICAL, SURGICAL CARE AND HOSPITALIZATION FOR THE ABOVE NAMED MINOR(S) DURING THE PERIOD OF MY/OUR ABSENCE DURING THE **2018** LACROSSE SEASON.

THIS DOCUMENT SHALL BE PRESENTED TO A PHYSICIAN, DENTIST OR APPROPRIATE HOSPITAL REPRESENTATIVE AT SUCH TIME AS UNEXPECTED MEDICAL, DENTIST, SURGICAL CARE OR HOSPITALIZATION MAY BE REQUIRED.

PARENT GUARDIAN SIGNATURE

PHONE #:

FAMILY PHYSICIAN: _____

PHONE #: _____