Northland Lacrosse Club 2015 Contact Form

Name:				Parent(s):					
Address:				Phone:					
Birth date:			Age as of 12/31/14:			School Grade:			
Player's E-mail:				Parent's E-mail					
Other Contact Names and Numbers:									
Any Special Needs?									
Did you play for Northland in '14?	HS	MS	ES	2013 Team:	HS		MS	ES	
Preferred playing position: Your Assigned Northland Jersey #:							rsey #:		

Amateur Athletic Waiver & Release of Liability

PLEASE READ BEFORE SIGNING.

In consideration of being allowed to participate in any way in the Northland Lacrosse Club athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce risk, the risk of serious injury does exist, and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FORM THE NEGLIGENCE OF THE RELEASES 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 behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the Northland Lacrosse Club, their officers, officials, coaches, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lassoers of premises used to conduct the event {"RELEASES"}, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FORM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND SUUMPTION 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.

Participant's signature: _____ Date: _____ Print Name: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER 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 of all the Releasees, and for myself, my heirs assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence. Parent/guardian signature:

Parent/guardian signature:	Date:	Print Name:	