UPSTATE LACROSSE ASSOCIATION - U.L.A. INC.
AMATEUR ATHLETIC
MINOR WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE UPSTATE LACROSSE ASSOCIATION - U.L.A. INC. ATHLETICS / 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 THAT PRIOR TO PARTICIPATING HE OR SHE WOULD 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, INACTION'S 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 – U.L.A. 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 "RELEASES", 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 RELEASES 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

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP) DATE

PRINTED NAME OF PARENT OR GUARDIAN

PRINTED NAME OF PARTICIPANT

INSTITUTION / ORGANIZATION UPSTATE LACROSSE ASSOCIATION – U.L.A. INC.