



# MINOR REGISTRATION FORM

FIRST NAME:

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LAST NAME:

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M.I.:

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STREET ADDRESS:

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CITY:

STATE:

POSTAL CODE:

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HOME PHONE:

CELLULAR PHONE:

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E-MAIL ADDRESS:

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AGE:

TEAM NAME/CAPTAIN:

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DIVISION  UNDER 30  OVER 30

ARE YOU A MEMBER OF USLACROSSE?  YES  NO



# MINOR WAIVER/RELEASE

## AMATUER ATHLETIC WAIVER AND RELEASE OF LIABILITY

**READ BEFORE SIGNING**

In consideration of being allowed to participate in anyway in the Upstate Outdoor Lacrosse League, athletic/sports program, and 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 equipment, and personal discipline may reduce this risk, the risk of serious injury exists; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE OF THE RELEASEES 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, HEARBY RELEASE AND HOLD HARMLESS UPSTATE OUTDOOR LACROSSE LEAGUE their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABLIITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 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/he 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 the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION 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.**

X \_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**                      **PRINT NAME**                      **DATE**

X \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**                      **PRINT NAME**                      **DATE**