

Ozaukee Lacrosse Player Release Form

PLAYER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ Players D.O.B. _____

City: _____ State: _____ Zip: _____ Grade: _____

Release, Waiver and Indemnity Agreement

IN CONSIDERATION OF THE ABOVE-NAMED REGISTRANT BEING ACCEPTED FOR MEMBERSHIP BY THE OZAUKEE YOUTH LACROSSE CLUB ("OZLAX") AND BEING PERMITTED TO PARTICIPATE IN THE LACROSSE PROGRAMS AND ACTIVITIES SPONSORED BY OZLAX, US LACROSSE AND THEIR AFFILIATED ORGANIZATIONS AND SPONSORS (THE "PROGRAMS"), THE UNDERSIGNED (ON BEHALF OF HIMSELF OR HERSELF, IF THE REGISTRANT IS AN ADULT; OR AS THE PARENT/GUARDIAN OF THE ABOVE REGISTRANT, IF THE REGISTRANT IS A MINOR): (1) AGREES THAT THE REGISTRANT WILL ABIDE BY THE RULES OF OZLAX, MAYLA, US LACROSSE AND THEIR AFFILIATED ORGANIZATIONS AND SPONSORS; (2) WAIVES, RELEASES, DISCHARGES AND COVENANTS NOT TO SUE OZLAX, MAYLA, US LACROSSE, THEIR AFFILIATED ORGANIZATIONS AND SPONSORS, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES, AND THE OWNERS OF ANY FACILITIES UTILIZED FOR THE PROGRAMS (COLLECTIVELY, THE "RELEASED PARTIES"), FROM OR WITH RESPECT TO ANY AND ALL LIABILITY TO THE REGISTRANT FOR ANY AND ALL CLAIMS OF ANY KIND OR CHARACTER, LOSSES, DAMAGES, ACTIONS, CAUSES OF ACTION AND EXPENSES WHATSOEVER WHICH ARISE OUT OF, IN CONNECTION WITH, RESULT FROM OR RELATE IN ANY MANNER TO THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS, BEING TRANSPORTED TO OR FROM THE PROGRAMS, WHICH TRANSPORTATION IS HEREBY AUTHORIZED BY THE UNDERSIGNED, OR THE ACTIONS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING, WITHOUT LIMITATION, ANY AND ALL SUCH CLAIMS FOR BODILY INJURIES, PERSONAL INJURIES, DEATH, PROPERTY DAMAGE AND ALL OTHER TYPES OF LOSS OR DAMAGE, WHETHER OCCURRING PRIOR TO, DURING OR AFTER THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, AND WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES; (3) AGREES TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION IS HEREBY AUTHORIZED BY THE UNDERSIGNED; (4) ACKNOWLEDGES, RECOGNIZES AND ACCEPTS THE POSSIBILITY AND RISK OF SERIOUS PHYSICAL INJURY ASSOCIATED WITH LACROSSE, INCLUDING PERMANENT DISABILITY AND DEATH, AND THE SEVERE SOCIAL AND ECONOMIC LOSSES THAT MIGHT RESULT NOT ONLY FROM THE REGISTRANT'S ACTIONS BUT THE ACTION OR INACTION OF OTHERS, INCLUDING THE "RELEASED PARTIES"; (5) ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ, UNDERSTOOD AND VOLUNTARILY SIGNED THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT AND EXPRESSLY AGREES THAT THIS AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF WISCONSIN AND AGREES THAT IF ANY PORTION OF THIS AGREEMENT IS HELD INVALID, THE BALANCE OF THIS AGREEMENT SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT; (6) AGREES THAT THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND ALL OTHER TYPES OF LOSS AND DAMAGE, WHETHER DUE TO THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE; AND (7) STATES THAT THE UNDERSIGNED UNDERSTANDS THAT OZLAX HAS RELIED UPON THIS AGREEMENT IN ALLOWING THE REGISTRANT TO PARTICIPATE IN THE PROGRAMS.

PARENT/LEGAL GUARDIAN INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Signature of Adult Registrant or Minor Registrant's Parent /Guardian

Date

EMERGENCY CONTACT:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____