

SHINE ON LACROSSE REGISTRATION AND WAIVER FORM



	For more info, please visit <u>www.shineonsports.com</u> or email nikki@shineonsports.com
PLAYER INFORMATI	ON
First Name (Player):	Player Last (Player):
Date of Birth:	Age:
Email (Player):	Grade:
US Lacrosse #:	# years played:
PARENT / GUARDIAN	I CONTACT INFORMATION
First Name(Parent):	Last Name (Parent):
Emergency #:	Email:
Street Address:	City, State, Zip:
SHINE ON Sports is not respo	good for the free clinic 1/30 and Winter Warm Up Clinics 2/6, 2/13, 2/20 WAIVER AND RELEASE OF LIABILITY onsible for any injury (or loss or property) to any person suffered while playing, practicing, observing, or in any ort of lacrosse for any reason whatsoever, including ordinary negligence on the part of the above or their agents
1	reconstructions and reason whatsoever, metalang oraniary negligence on the part of the above of their agents

or employees.

In consideration of my participation, I hereby agree to indemnify and hold harmless any sponsor, their representatives, agents, employees, Board of Directors, officers, volunteers, referees, instructors, coaches or any other person or entity providing fields, property, services or assistance from and against any and all present or future claims resulting from any accident or negligence on the part of such persons or entities, for property damage, personal injury, or wrongful death, arising as a result of my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims therefrom, both present and future.

I am aware that lacrosse is a vigorous sport involving severe cardiovascular stress and violent physical contact. I understand that lacrosse involves certain risks, including but not limited to; death, serious neck and spinal injury resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. In addition, I understand that participation in lacrosse involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with the knowledge of the danger involved and hereby agree to accept any and all inherent risk property damage, personal injury or death. I further agree to indemnify and hold harmless all of the persons and entities in the foregoing paragraph from and against any and all claims arising as a result o my participation in or receiving instruction in lacrosse activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of North Carolina and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect, I further affirm that the venue and applicable law for any legal proceedings will be the State of North Carolina. I affirm that I am of legal age (18) and am freely signing this agreement or, if I am under 18, my parent or legal guardian is signing it. I have read and fully understand this agreement and that by signing this agreement I am giving up legal rights or remedies that may be available to me. I also give consent for treatment deemed necessary for a condition arising during participation in this activity, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to the treatment.

I agree to follow all camp/clinic rules and all rules of safety common to the sport of lacrosse. I agree to report any unsafe practices, conditions, or equipment to the management. I certify that 1)I possess a sufficient degree of physical fitness to safely participate in lacrosse, 2)I understand that I am to discontinue activity at any time I feel undue discomfort or stress, and 3)I will immediately verbally inform the management if I feel any discomfort or stress.

have read and understand the preceding information. I know, understand and appreciate the risks associated with playing lacrosse and I am voluntarily participating in the activity. I assume all of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency, and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency and the second of the inherent risks of lacrosse, I understand in the event of a medical emergency and the second of the inherent risks of lacrosses, I understand in the event of the lacrosses				
EMS will be called to render	assistance and that I will be f	inancially responsible for any expenses involved.		
Name of Participant,	Date	Signature of Parent or Guardian,	Date	