

BTHS Girls Lacrosse 2018 Fall Youth LaxCamp/Clinic Program
Assumption of Risk, Release of Liability, and Medical and Media Authorization
(This form must be signed by a parent or guardian if participant is under 18 years old.)

Participant's Printed Name: _____ **Date of Birth:** _____

Registered for: (name of program) 2018 BTHS GIRLS LACROSSE FALL YOUTH LAXCAMP/CLINIC

In consideration of being permitted to participate in the *BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic* program, I agree to the terms set forth in this agreement. I hereby certify that I am physically fit to participate in the BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic program.

I am executing this agreement on behalf of myself, individually, and on behalf of my family members, heirs, estate, executors, personal representatives, administrators and assigns. I understand that the use of the term "*BTHS Girls Lacrosse*", "*BTHS Lacrosse*" and "*BTHS District 201*" in this agreement includes its trustees, faculty, employees, agents, coaches, volunteers, affiliates, assigns and successors. I understand that this agreement covers the entirety of my participation in the "BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic", 2018 Fall Lacrosse program at BTHS District 201 facilities, including sports activities, recreational activities and free time ("Open Lacrosse Field").

MEDICAL AUTHORIZATION: I acknowledge that I am responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in the "BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic", 2018 Fall Lacrosse program. I hereby authorize and give my consent to BTHS Lacrosse coaches and/or lacrosse staff to act on my behalf to secure any hospital, physician, ambulance and/or medical personnel for immediate treatment deemed necessary in connection with the "BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic", 2018 Fall Lacrosse program. I understand that should an emergency medical problem arise, an attempt will be made to call the emergency phone number(s) that I have provided. In the event that the emergency contact cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

List any medical or dietary concerns: _____

Check here if medications are required: _____. If yes, additional authorization will be required.

ASSUMPTION OF RISK: I understand that participation in a 2018 Fall Youth LaxCamp/Clinic program at BTHS District 201 facilities involves the substantial risk of injury, including but not limited to cardiovascular stress, head and brain injuries, and damage to bones, joints, muscles, internal organs and the spinal cord or column. I understand that the risk of such injuries cannot always be reduced or prevented despite the best efforts or due care by BTHS Lacrosse coaches and/or lacrosse staff. I further understand that any injuries I suffer during participation in the "BTHS Girls Lacrosse Fall Youth LaxCamp/Clinic", 2018 Fall Lacrosse program could lead to permanent physical or mental impairment, cognitive deficits, paralysis or even death. I hereby assert that my participation in the 2018 Fall Youth LaxCamp/Clinic program is voluntary, and that I knowingly assume all risk of injury.

RELEASE and GENERAL LIABILITY WAIVER: I hereby release, waive, discharge and covenant not to sue BTHS Girls Lacrosse and/or BTHS District 201 of and from any and all claims, suits, actions, or causes of action (collectively, "Claims") arising out of or related to my participation in a 2018 Fall Lacrosse program at BTHS District 201 facilities, including but not limited to Claims for wrongful death, personal injury, property damage, loss or theft of property and contribution under a joint tortfeasor theory.

MEDIA RELEASE: I hereby consent to the use of my photograph, image, voice, written and/or verbal statements (materials) by BTHS Girls Lacrosse and/or BTHS District 201 in its publications, video taping, advertisements, brochures, websites, etc. I agree that BTHS Girls Lacrosse and/or BTHS District 201 may use my photo with or without my name for lawful purposes including the above. I further acknowledge that there is no agreement or promise on the part of the BTHS Girls Lacrosse and/or BTHS District 201 to compensate me in any way for the use of my materials in said manner. I hereby release the BTHS Girls Lacrosse and/or BTHS District 201 from any and every claim, demand, right, or cause of action of whatever kind or nature, either in law or equity, arising from the use of my materials. I also authorize the use of any information I provide to the BTHS Girls Lacrosse and/or BTHS District 201 with regard to my personal life and accomplishments for use in promotional materials.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have fully and carefully read this agreement and understand its terms. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE AND/OR SEEK RECOVERY FROM BTHS GIRLS LACROSSE AND BTHS DISTRICT 201 FOR INJURIES AND CLAIMS RELATED TO MY PARTICIPATION IN THIS BTHS GIRLS LACROSSE, 2018 FALL YOUTH LAXCAMP/CLINIC PROGRAM.

I am signing this agreement freely and voluntarily, and acknowledge that my signature constitutes a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature

Printed Name of Participant

Date (MO/Day/Year)

Primary Parent/Guardian Signature

Printed Name

Date (MO/Day/Year)

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact: Printed Name: _____ **Relationship:** _____

Emergency Phone Numbers: Primary: _____ **Alternate:** _____
Home / cell / work (*circle one*) Home / cell / work (*circle one*)

Secondary Emergency Contact: Printed Name: _____ **Relationship:** _____

Emergency Phone Numbers: Primary: _____ **Alternate:** _____
Home / cell / work (*circle one*) Home / cell / work (*circle one*)

MEDICAL INFORMATION

Medical Insurance

Company _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Group Number** _____ **ID#** _____

Medical History (If Pertinent) _____

Allergies, present medications, special considerations: _____