

## WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of my son (the "Clinic Participant") being allowed to participate in the Westwood Lacrosse Club Youth Clinic (the "Clinic"), I acknowledge and agree that:

- I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event.
- I agree on behalf of myself, my heirs, and personal representatives, that the Westwood Lacrosse Parents Club, their officers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and owners of the premises shall not be liable for any injury, loss of life or other loss or damage arising from, but not limited to the Clinic Participant's participation in the Clinic or as a result of equipment that may have been provided to him for these activities. I have read all of the paragraphs in this document, and I know, understand, and appreciate these and other risks that are inherent in the Clinic. I hereby assert that the Clinic Participant's participation is voluntary, and that I knowingly assume such risks. I understand on behalf of myself and the Clinic Participant that I am assuming these risks.
- 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 the Clinic Participant from participation and bring such hazard to the attention of the nearest clinic staff member immediately.
- I also agree to indemnify and hold harmless the Westwood Lacrosse Parents Club, their officers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and owners of the premises used to conduct the Clinic from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of the Clinic Participant's involvement in the Clinic and to reimburse the Westwood Lacrosse Parents Club for any such expenses incurred. I further expressly agree that the foregoing Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read this Waiver and Release of Liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the Waiver and Release of Liability freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.
- I warrant by signing this document as parent that I am a person over the age of 18 years old and that I am the parent or legal guardian of the minor player named.

## MEDICAL ATTENTION

I hereby give my consent to the Westwood Lacrosse Parents Club to provide through a medical staff of its choice customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of the Clinic Participant's participation in the clinic. I also authorize emergency treatment for any injury to or illness of the Clinic Participant if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

## MEDIA

I grant permission for the Westwood Lacrosse Parents Club to photograph and/or video tape the clinic participant during the clinic and to use his name and/or likeness relating to his participation in this clinic in future promotion of similar events. I also waive all rights to any future compensation to which I or the Clinic Participant may otherwise be entitled to as a result of the use of the Clinic Participant's name or likeness.

I attest that \_\_\_\_\_ (print parent's name) is the parent/legal guardian of  
Clinic Participant \_\_\_\_\_ (print Clinic Participant's name) and agree to the  
terms of this waiver. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_