

PAL Indoor Lacrosse

Amateur Athletic Waiver and Release of Liability and Assumption of Risk Agreement

In consideration of being allowed to participate in any way in the Richmond Police Athletic League indoor Lacrosse and related events and activities, the undersigned:

1. **AGREE THAT PRIOR TO PARTICIPATING**, he or she will inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, he or she should immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. **ACKNOWLEDGES AND FULLY UNDERSTANDS** that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. **ASSUMES ALL RISKS AND ACCEPTS ALL RESPONSIBILITY FOR THE DAMAGES** following such injury, permanent disability or death EVEN IF CAUSED IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
4. **RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** Richmond Police Athletic League its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, premises or event inspectors, surveyors, underwriters, consultants and other persons or entities which give recommendations, directions or instructions or engage in risk evaluation or loss control activities regarding the program or premises all of which are hereinafter referred to as "Releasees", FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature of Parent or Guardian Date

Printed Name of Parent(s) or Guardian(s) _____

Printed Name of Participant _____

Address of Participant _____

Phone Number of Parent or guardian _____

Participants Insurance Carrier _____ ID# _____