

## Training Camp Waiver for Participation

I am aware that playing or practicing lacrosse can be a dangerous activity involving many risks of injury. I understand that the dangers and risks to playing or practicing in the Lacrosse includes, but is not limited to, death, serious neck and spinal injuries which can result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury to impairment to other aspects of my body, general health and well being. I understand that the dangers of playing or practicing lacrosse may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

Because of the dangers of participating in lacrosse, I recognize the importance of following coaches'/referees instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.

**Please review the below Code of Conduct for participation:** As a participant in this program I pledge to:

<p>1. Treat other participants with respect at all times.</p> <p>2. Cooperate with other participants and officials at all times.</p> <p>3. Refrain from the use profanity or obscene gestures.</p> <p>4. Never physically hurt or cause harm to another participant or official.</p> <p>5. Treat the staff, officials, other players and spectators with respect at all times.</p>	<p>6. Listen to, and follow, all given instructions/directions from officials.</p> <p>7. Participate in a sportsmanlike and safe manner at all times.</p> <p>8. Uphold the program philosophy of healthy competition and sportsmanship.</p> <p>9. Be in control of your emotions at all times.</p>
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In consideration of Berkeley County Schools permitting me to participate for lacrosse and to engage in all activities related to the lacrosse program, including but not limited to, trying out, practicing or playing/participating in lacrosse; I hereby assume all the risks associated with participation and agree to hold schools of the Berkeley County School District, collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, cause of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the school lacrosse program. The terms hereof shall serve as a release and assumption of risk my heirs, estate, executor, administrator, assignees, and for all members of my family.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve many risk of injury, including, but not limited to, those risks outlined above.

In connection of Berkeley County Schools permitting my child to participate for lacrosse and to engage in all activities related to the lacrosse program, including but not limited to, trying out, practicing or playing/participating in lacrosse; I hereby assume all the risks associated with participation and agree to hold schools of the Berkeley County School District, collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, cause of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation in any activities related to the school lacrosse program. The terms hereof shall serve as a release and assumption of risk my heirs, estate, executor, administrator, assignees, and for all members of my family.

**Date:** \_\_\_\_\_ **Parent/Legal Guardian's Signature** \_\_\_\_\_

Parents Best Contact Number: \_\_\_\_\_ Participants Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Year in School: \_\_\_\_\_