NJLC 2010 Registration

Name: _____
First Last

Address: _____

_____

_____

School: _____

Grade 9/09 _____

Position: _____

Home Phone: _____

Cell Phone: _____

_____

Email: _____

_____

US Lacrosse #: _____

Insurance Carrier: _____

Insurance ID #: _____

Amateur Athletic Minor Waiver and Release Liability

In consideration of being allowed to participate in any way in NJLC related events and activities, the undersigned: Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe he or she should immediately advise his or her coach or supervisor of such conditions and refuse to participate, acknowledge and fully understand that each participate will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result from not only their actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there maybe other risks not known to us or not reasonably foreseeable at this time. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Release, waive, discharge and covenant not sue NJLC, 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 leases of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and next of kin for any claims, demands, losses or damages to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTOOD THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

_____ _____
Parent or Guardian/(Signature and Relationship) Date

_____ _____
Printed name of Parent or Guardian Printed Name of Participant