**ALBERTA LACROSSE ASSOCIATION**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,**

**ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**(hereinafter referred to as the “Release Agreement”)**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN**

**LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

***PLEASE READ CAREFULLY!***

***Signature:***

**TO:**  ALBERTA LACROSSE ASSOCIATION, its member clubs, Local Governing Bodies and officials or referees,and their directors, officers, employees, instructors, certified coaches, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (all hereinafter collectively referred to as the “Releasees”).

**Participant Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(herein referred to as the “Participant”)**

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ASSUMPTION OF RISKS:  
I am aware that participating in lacrosse is dangerous. Playing lacrosse exposes me to many inherent risks, dangers and hazards, including but not limited to severe brain, head and neck injuries that cause mental disability, paralysis or deathBy engaging in any activities or events offered by or associated with the Releasees, I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. All Participants are deemed to know the rules and regulations of the activities and events held by the Releasees. Any deviation from the rules and regulations is freely accepted by me and I accept all and fully assume all risks and liabilities associated with same.

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT:  
In consideration of Releasees permitting me to participate in its activities and events, and permitting me the use of its facilities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE RELEASEES** and their directors, officers, employees, instructors, certified coaches, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns.
2. **I KNOWLINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as detailed in paragraph 3 below) or others, and assume full responsibility for my participation.
3. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in activities and events offered by the Releasees,

4. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party, including death, resulting from my activities and my participation in the activities offered by or associated with the Releasees.

5. In the event that I am under 18 years of age (a “Minor Child”), I will provide my parent or legal guardian’s consent below and such consent serves to assume all risks as set out in the Release Agreement herein and releases the Releasees pursuant to said Release Agreement.

6. That this Agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns in the event of my death.

7. That in entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the activities or events, other than what is set forth in this Release Agreement.

8. This Release Agreement is governed by the laws of Alberta and any dispute shall be finally resolved in the jurisdiction of Alberta courts.

**I HAVE READ THIS RELEASE AGREEMENT FULLY AND UNDERSTAND ITS TERMS AND CONDITIONS AND UNDERSTAND THAT BY SIGNING THIS RELEASE AGREEMENT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND DO SO SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*In event of Minor Child Participant: Parent/Legal Guardian’s Consent:**

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_