

# Summer Girls Lacrosse Clinics/Games 2009

## Beginners to Advanced Levels - Grades 7 through 10

Experienced Coaches from area High Schools & Clubs, current and former Division 1 College Athletes

**Ten Sessions – Beginning June 15th – 4:30 PM to 6 PM at Archbishop Carroll HS**

Outdoors – participants must have mouth guard, stick and goggles

June 15<sup>th</sup>; 17<sup>th</sup>; 22<sup>nd</sup>; 24<sup>th</sup>

July 13<sup>th</sup>; 14<sup>th</sup>; 20<sup>th</sup>; 23<sup>rd</sup>; 27<sup>th</sup>; 30<sup>th</sup>

Pricing: Free for Carroll Spring 2009 team members. All others \$150 for the ten sessions/games. All participants must complete the waiver below for insurance purposes.

### All Payments Due in Advance

Make Checks Payable to Carroll Lax LLC and mail with registration form below to: 2 Pine Tree Drive Broomall, PA 19008 Questions call Lorraine Beers 610-986-3829 or lbeers10@gmail.com

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_ GRADE: \_\_\_\_\_

### AMATEUR ATHLETIC WAIVER

### READ BEFORE SIGNING

*In consideration of being allowed to participate in any way in the **Carroll Lax LLC's** athletic sports program, related events and activities, the undersigned acknowledges, appreciates & agrees that:*

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment & personal discipline may reduce this risk, the risk of serious injury does exist &*
- 2. I KNOWINGLY & FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,*
- 3. 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 myself from participation and bring such to the attention of the nearest official immediately; and,*
- 4. I, for my self and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Carroll Lax LLC., Archbishop Carroll High School, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.***

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_

Participant's signature

Date

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

*This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.*

X \_\_\_\_\_

Parent/Guardian signature

Date