



DUKE'S LACROSSE WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: DUKE'S LACROSSE CLUB, INC. (hereinafter "DLC"), A PENNSYLVANIA NOT-FOR-PROFIT CORPORATION, IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) SUFFERED BY THE UNDERSIGNED PARTICIPANT WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE SPORT OF LACROSSE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF DLC AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OR REPRESENTATIVES.

DLC IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) SUFFERED BY THE UNDERSIGNED PARTICIPANT WHILE HE IS PARTICIPATING IN LACROSSE ACTIVITIES ASSOCIATED WITH DLC, INCLUDING ALL TRAVEL ASSOCIATED WITH PARTICIPATION.

In consideration of my participation in lacrosse activities, I hereby release and covenant not to sue DLC, its representatives, Boards of Directors, any of its sponsors, lessors, volunteers, referees, employees, instructors, coaches or agents, from any and all present and future claims resulting from ordinary negligence on the part of DLC or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instructions in lacrosse activities or any activities associated with my participation, wherever, whenever, or however the same may occur. I hereby voluntarily waive and forever discharge any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that lacrosse is an aggressive, physical sport involving severe cardiovascular stress and violent physical contact. I understand that lacrosse involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that lacrosse involves a particular high risk of knee, head and neck injury. In addition, I understand that participation in lacrosse involves activities incidental thereto, including, but not limited to travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further certify that I am in good health and able to participate in lacrosse activities. I will disclose any special physical limitations and authorize DLC and its agents permission to request treatment as necessary to ensure my well being. I also give my permission to have any photographs taken of me during lacrosse activities and published on the DLC website.

I further agree to indemnify and hold harmless DLC, any and all venues, coaches, representatives and any and all other associated entities from any and all claims arising as a result of my engaging in or receiving instruction in lacrosse activities, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in the State of Pennsylvania.

I affirm that I am of legal age or as a minor am having a legally recognized parent or guardian execute and I/we are freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of DLC or any of the parties listed above.

Name of Participant

Phone

Address

State

Zip

Signature of Parent/Guardian of Participant

Date

US Lacrosse Membership Number: _____ Expiration Date: _____

Health Insurance Company: _____ Policy Number: _____