

Wildcats Lacrosse Summer Stick Skills Waiver and Release Form

I, _____, acknowledge that a Stick Skills Program is designed to improve my personal skills by providing personalized and motivational attention by a qualified Instructor. I understand that there may be health risks associated with activities using physical exertion in a Speed and Agility program. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Instructor, and consult my physician.

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this Stick Skills Program. I am participating in the Stick Skills Program with knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

I acknowledge that my participation in the Stick Skills program is at my sole risk. You are advised to consult with your personal physician before participation in the training sessions. The Instructor or other training staff will not be responsible for monitoring your compliance with your physician's recommendations. Even consultation with your regular physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions.

In consideration for my voluntary participation in the Stick Skills Program I, my family, heirs, executors, representatives, administrators, and assigns do hereby waive, release, and forever discharge Lacrosse Stick Skills trainers, and their respective managers/officers, directors, employees, and agents; and my instructor, from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my participation in Stick Skills Programs. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Stick Skills Program. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by Lacrosse Stick Skills Trainers and/or my Instructor.

I certify that I have read the above Stick Skills Program Waiver and Release of Liability and have had any questions answered to my satisfaction.

Client Name: _____ Date: _____

Client Signature: _____ (Parent/Legal Guardian must sign if under 18)