

SLEEPY HOLLOW AND TARRYTOWN YOUTH LACROSSE
WAIVER AND RELEASE
Updated July 21, 2022

AGREEMENT REGARDING PARTICIPATION, ASSUMPTION OF RISKS, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION

The purpose of this Agreement is to enable parents and children to give informed consent for players to participate in the Tarrytown and Sleepy Hollow Youth Lacrosse Program (herein known as "SHYL") (this program includes conditioning training, lacrosse practices, clinics, games, tournaments and are referred to collectively as the "Program") and to confirm the agreement of the player and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as an express condition of each player's participation in SHYL's lacrosse programs.

RISKS: I agree and understand that there are significant risks (some known and others unknown or unforeseeable) associated with participation in the program. These risks include the possibility of injuries that can occur for a variety of reasons and under a variety of circumstances related to the Program. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, the physical condition and health (known or unknown) of the player; field conditions; actions of players on opposing teams; weather; improper techniques in executing the skills needed to play the game of lacrosse; actions of teammates or spectators; hazards inherent in a sport involving extensive and sometimes violent physical contact; improper or malfunctioning equipment; improper or inadequate training or coaching; negligence of SHYL volunteers or others Released Parties identified below; and transportation to and from all program activities.

INSURANCE: All players choosing to participate in the program are required to be covered by personal medical/accident insurance. As a condition of participation, SHYL requires all players choosing to participate in the Program to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc. Also, as a condition of participation in either practices or games all players must be current, active members of US Lacrosse for the duration of the program. I am confirming that my child has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in the program. I am also confirming that my child has an active membership with US Lacrosse.

EMERGENCY MEDICAL TREATMENT: Participation in lacrosse involves the potential for serious injury. As a parent or legal guardian I authorize the SHYL coaches, agents, volunteers and/or medical persons to arrange for, make decisions, or render care for any emergency due to injury or illness including aid care (what is that?), EMS or emergency room transportation, hospitalization and consultation or treatment by a medical professional or specialist regarding emergency medical treatment for my child in the event that neither of the child's parents can be reached at a time when any such decisions need to be made while my child is participating in the

Program. I confirm that my child is healthy and able to participate in the Program and have had the opportunity to consult with a physician on this subject if I chose to do so.

**PERMISSION AND RELEASE
READ CAREFULLY BEFORE SIGNING**

Realizing that there are risks inherent in any athletic program, and in consideration of my or our child being allowed to participate in the Program, I/we agree to assume all risks (whether known or unknown) of participation in the Program, to release and hold harmless the SHYL, together with its board, team managers, coaches, volunteers, other agents of SHYL, the other children participating in the Program and their parents or legal guardians (collectively, the "Released Parties"), from any and all claims, liabilities, and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child in the Program, including transportation to/from all related events or activities in the Program, other than claims, liabilities or damages based on the gross negligence or intentional conduct of the Released Parties. In addition, I/we agree to indemnify and hold the Released Parties harmless from any and all claims for injuries or property damage brought on behalf of myself or our child or alleged to have been caused by me or by our child while our child is participating in the Program.

I agree that it is the sole responsibility of each parent and player to ensure all required player equipment is worn, all equipment meets all applicable safety standards required by US Lacrosse, and the helmet and face mask is NOCSAE (National Operating Committee on Standards for Athletic Equipment) approved.

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN THE PROGRAM), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO UNCONDITIONALLY RELEASE AND WAIVE ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASED PARTIES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, TO THE GREATEST EXTENT ALLOWED BY LAW.

I have obtained the consent of any other parent or guardian with custodial rights affecting this Agreement regarding participation, assumption of risks, waiver and release of liability and indemnification and have the full legal authority to enter into this Agreement on behalf of myself and such other parent or guardian.

Electronic Signature Agreement: By selecting the "I have read and accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I have read and accept" you consent

to be legally bound by this Agreement's terms and conditions. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature.