

# Admirals Lacrosse

## WAIVER AND RELEASE 2021 Admirals Lacrosse Camps

As the parent/legal guardian and/or player participant as named below, I understand that practicing and playing competitive lacrosse includes ACTIVITIES THAT INVOLVE RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, DEATH, AND POTENTIAL SOCIAL AND ECONOMIC LOSSES (.RISKS.). I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR ALL LIABILITY, LOSSES, COSTS, AND DAMAGES resulting from participation in these activities. I HEREBY WAIVE, RELEASE, AND COVENANT NOT TO SUE Severn School, Beast Coast Athletics LLC, directors/owners and other employees of these entities, and any team coaches or assistant coaches and release them from ALL LIABILITY, LOSSES, COSTS AND DAMAGES, including liability as a result of any negligence, while the player participates in the Severn School/Beast Coast Athletics/Admirals Lacrosse Camps including transportation to and from related events. I will be financially responsible for medical attention or cost of transportation needed in association with my child/self-participating in the Severn School/Beast Coast Athletics/Admirals Lacrosse Camps or resulting from an injury received while playing lacrosse or participating in related activities. My individual medical insurance shall be the insurance coverage for any medical treatment resulting from participation of these activities.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THE WAIVER AND RELEASE AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I allow my son to be photographed for Admirals Lacrosse website, brochures and advertising.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Contact [admiralslaxcamps@gmail.com](mailto:admiralslaxcamps@gmail.com) or call [408-838-1278](tel:408-838-1278) with any questions.