



**RELEASE, WAIVER, INDEMNIFICATION AND  
ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in any way in the Focal Point Lacrosse, LLC training program (the “Activity”) I, for myself, my personal representatives, assigns, heirs and next of kin:

1. Acknowledge, agree and represent that I understand the nature of the Activity and that I am qualified in good health, and in proper physical condition to participate in the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. Acknowledge that I fully understand that my participation in the Activity may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inaction’s, or negligence, but also from the actions, inaction’s or negligence of others, the condition of the facilities, equipment or areas where the event or Activity is being conducted, the rules of play, or this type of event or Activity.
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in the Activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against Focal Point Lacrosse, LLC, its officers, members, shareholders, individual practitioners, officials, board members, agents or employees (collectively the “Company”), attributable to my participation in the event or Activity.
5. Release, waive, relinquish, and agree to indemnify and hold harmless the Company for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising from my participation in the Activity or arising from the negligence of the Company.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent’s Signature if less than 18 years of age

\_\_\_\_\_  
Parent’s Printed Name

**US Lacrosse ID#:**