



NORTH AMERICAN MINOR LACROSSE ASSOCIATION
ASSUMPTION OF RISK- WAIVER/RELEASE FOR COMMUNICABLE DISEASES

The North American Minor Lacrosse Association has put in place preventative measures to reduce the spread of communicable diseases; however, NAMLA cannot guarantee that your or your child(ren) will not become infected. Further, attending NAMLA events could increase your risk and your child(ren)'s risk of contracting an infectious disease.

In consideration of being allowed to participate in a NAMLA event, the undersigned acknowledges, appreciates, certifies and agrees that:

- My child(ren) as well as myself's participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and/or death does exist;
- If my child(ren) or myself have a pre-existing health condition, exposure to COVID-19, or any other infectious disease, they may be more likely to cause serious illness, injury or death;
- My child(ren) and I willingly agree to comply with all recommendations provided by NAMLA to ensure safe play. If, however my child(ren) or I observe any unusual or significant hazard during my presence or participation, we will remove ourselves from participation and bring such to the attention to the nearest coach, staff member or volunteer immediately; and
- My child(ren) and I knowingly and freely assume all such risks both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for our participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT.

I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/legal guardian, have read and explained the provisions in this waiver/release to my child(ren)/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for the protection against any communicable disease. Furthermore, my child(ren)/ward understands and accepts these risks and responsibilities.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____