



# AVINO ACADEMY OF LACROSSE PARTICIPANT WAIVER & RELEASE OF LIABILITY

**INSTRUCTIONS: Parents/Guardians must read the terms below before signing this Waiver & Release.**

AGREEMENT: In consideration for \_\_\_\_\_, born \_\_\_\_ / \_\_\_\_ / \_\_\_\_, hereinafter referred to as the MINOR CHILD,  
(print child's name) (mm/dd/yyyy)  
being allowed to participate in activities of the camp/clinic/tournament, I acknowledge, agree to, and understand that:

1. **CERTIFICATION OF PARENT/GUARDIANSHIP:** By signing as the parent or guardian of the MINOR CHILD, I represent that I am the legal parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Participant Waiver & Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Participant Waiver & Release of Liability.
2. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury and even death, as well as other foreseeable and unforeseeable damages and losses, associated with participation in any lacrosse event. I further agree on behalf of the MINOR CHILD myself, my heirs, and personal representatives, that Avino Academy of Lacrosse, the host organization, James Avino and sponsors of any Avino Academy of Lacrosse sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life, or other loss or damage occurring as a result of MINOR CHILD'S participation in any event, or as a result of equipment that may have been provided for these activities.
3. **EQUIPMENT:** It is my responsibility to check and maintain the safety condition of all equipment used while participating in any lacrosse activities including personal, rented, and borrowed gear.
4. **READINESS TO COMPETE:** The MINOR CHILD will only participate in those lacrosse competitions for which I believe they are physically and psychologically prepared to compete. I understand that it is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.
5. **EMERGENCY TREATMENT AUTHORIZATION:** In the event that I cannot be reached in an emergency, I give permission of Avino Academy to seek emergency medical care and for any licensed medical professional to secure proper treatment for the MINOR CHILD. I also hereby state that the MINOR CHILD is free from communicable diseases, has received all required immunizations, and has submitted in writing to staff any allergies in case of the need for emergency medical treatment.
6. If any part or portion of this Participant Waiver & Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.

**I/WE CERTIFY THAT THE INFORMATION I/WE PROVIDED IS TRUE AND CORRECT, AND THAT I/WE HAVE READ THE FOREGOING PARTICIPANT WAIVER & RELEASE OF LIABILITY AND AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS WAIVER:**

PARENT/GUARDIAN NAME:

\_\_\_\_\_  
Print Parent/Guardians Name

\_\_\_\_\_  
Emergency phone number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to participant—must be parent/legal guardian

\_\_\_\_\_  
Date of Waiver