



Aloha Youth Lacrosse Association Participant Waiver & Release of Liability

INSTRUCTIONS:

1. Each player must read the statement below before completing and signing this Waiver & Release roster.
2. Parents/Guardians must read the statement below before signing on the same numbered line as their child/player

AGREEMENT:

In consideration of my participation in the sponsored activities of Aloha Youth Lacrosse Association (AYLA) camp/clinic, I acknowledge, agree to, and understand that:

1. WAIVER & RELEASE of LIABILITY: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that AYLA, and sponsors of any AYLA sanctioned event, along with the coaches, volunteers, employees, agent, 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 my participation in the event, or as a result of equipment that may have been provided to me for these activities.

2. MEDICAL ATTENTION: I hereby give my consent to AYLA and the host organization of any AYLA-related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my participation in AYLA events.

3. READINESS TO COMPETE: I will only participate in those AYLA competitions for which I believe I am physically and psychologically prepared to compete.

4. CODE OF CONDUCT: I have read and agree to all terms in the US Lacrosse/AYLA Code of Conduct, especially with regard to my responsibilities as a player. (see 2nd page)

5. USE OF IMAGE: I consent and authorize AYLA to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote AYLA and youth lacrosse.

Oct 2018

Clinic Name: _____ Location: _____ Date: _____

#	Player's Name	Player's Signature	Email Address	Mobile #	Parent/Guardian Signature	Relationship
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						