

ALTITUDE LACROSSE, LLC

Waiver & Release of Liability

In consideration of _____ (Attendee's name) in the sponsored activities of Altitude Lacrosse, LLC's clinics, trainings, and camps, I acknowledge, agree to and understand that:

1. I am the parent or guardian of the Attendee and have full legal authority to enroll said participating child in Altitude Lacrosse's clinics, trainings, and camps.
2. I acknowledge and agree to the potential risks associated with lacrosse clinics, trainings, and camps and that such risks may be caused by the actions of the Attendee or of other Attendees enrolled in Altitude Lacrosse's clinics, trainings, and camps. I fully accept and assume all such Risks, I fully accept and assume all responsibility for, but not limited to, injury and any resulting damage, including any losses, costs and damages that may be incurred as a result of any such injury.
3. I understand the nature of instructional sports activities and I believe the minor to be in good health and otherwise qualified to participate in such activities. The attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.
4. I hereby Release, Discharge, and Agree not to sue Altitude Lacrosse, LLC, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, owners and lessors of premises on which the Activities take place. I agree to release, hold harmless, and indemnify Altitude Lacrosse, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees from all claims and liability arising out of the Activity.

Attendee's Full Name (Printed):

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date Signed

Emergency Contact

Relationship

Phone Number