[Type text]

Keene Youth Lacrosse Festival Participant Waiver

Team_____

Name:_____ Position_____ Grad Year_____ DOB_____

Address_____City _____ State _____Zip_____

Home phone_____ Email_____

Please Read the following and Sign below

I give my consent to the above named person to participate in all of the activities of the Keene Youth Lacrosse Festival and accept full responsibility for participation. I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnity, and hold harmless the organizers, coaches, referees, and supervisors of any organization related to this event. I also understand that Keene Youth Lacrosse Festival strongly recommends the use of any and all NCAA approved protective equipment. By not wearing this equipment I assume all risks associated with the event. In case of injury to the above named person, I waive any and all claims of negligence against **Griffin Lacrosse LLC**, their associates and/or appointees, as well as any person, party or organization associated with the event. I understand the risks associated with sports including, but not limited to, sprains, contusions, concussions, broken bones, and in extreme case death and that the above named is participating at his/her own risk with the full knowledge of the dangers associated.

I understand that **NO REFUND** of fee will be given in the case of dismissal for disciplinary reasons. I also understand that **NO DRUGS OR ALCOHOL** may be brought onto or consumed on the premises at which the event is taking place whether it is held at Keene State College or on any other private or public property**. Griffin Lacrosse LLC** and any associated with this even reserve the right to suspend to expel any participant who violates any rules stated or implied, or whose behavior or style of play is considered unsportsmanlike, uncontrollable, or a risk to other players.

I hereby consent to the use of my image by **Griffin Lacrosse LLC** for any and all purposes, including without limitation, video, still photographs, publications, and any trade or advertising purpose.

I HAVE READ THIS ABOVE PARAGRAPH AND UNDERSTAND IT FULLY. I ASSUME ALL RISKS OF INJURY. THIS RELEASE IS SIGNED AS MY OWN FREE ACT OR DEED.

Player signature_____ **Date**_____

Parent/Guardian(If under 18)_____ **Date**_____