



COVID-19 Assumption of Risk, Waiver of Liability, and Indemnity Agreement

I KNOWINGLY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING WITH THE CLUB.

By executing this document, I acknowledge that I am renouncing, on my behalf and on behalf of the Participants, important legal rights in favor of the Rockford LAX Lacrosse Club, Inc. ("Club"), and its coaches, directors, sponsors, volunteers, and any and all officers, employees and agents thereof (collectively, the "Released Parties").

I certify that I am a legal guardian of the Participant. I hereby acknowledge and understand that the sport known as Lacrosse carries with it certain risks, including, but not limited to, death, serious injury, permanent disability, temporary disability, and property loss, which might result from my actions as a Participant, the actions or inactions or negligence of others, the rules of play, or the condition of any facilities or equipment used. Further, I acknowledge and agree to those matters described on page 2 of this Assumption of Risk, Waiver of Liability, and Indemnity Agreement specifically related to COVID-19, and I also acknowledge and fully understand that there may be other risks not known to me or not reasonably foreseeable at this time. I certify that the Participant is physically fit and prepared to participate in all activities of the Club. I KNOWINGLY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING WITH THE CLUB.

I agree that, along with the Participant, I will inspect any and all facilities and equipment to be used by the Participant and if either of us believe anything is unsafe, I will immediately advise a Club representative of the unsafe condition and I will not participate until I believe it is safe.

IN CONSIDERATION of the Participant being allowed to participate in any Club activities, I, for myself, and the Participant, our executors, administrators, heirs, next of kin, successors, personal representative and assigns, do hereby RELEASE, WAIVE, DISCHARGE, THE RELEASED PARTIES, FOR ANY DEATH, DISABILITY, PERSONAL INJURY, ILLNESS, PROPERTY DAMAGE, OR PROPERTY LOSS, which may hereafter occur as a result of my participating or volunteering in the any Club activities.

I, for myself, my executors, administrators, heirs, next of kin, successors, personal representative and assigns, do hereby also agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS THE RELEASED PARTIES, against any and all claims, actions, suits, and proceedings brought as a result of my participating or volunteering in any Club activities whether resulting from negligence or otherwise. I further agree TO REIMBURSE THE RELEASED PARTIES, for any and all costs, expenses, damages, liabilities, and attorney's fees the Released Parties incur as a result of my participating or volunteering in any Club activities.

I, for myself and the Participant, our executors, administrators, heirs, next of kin, successors, personal representative and assigns, do hereby also agree that I will forever REFRAIN AND FOREBEAR FROM COMMENCING, INSTITUTING, OR PROSECUTING ANY LAWSUIT, ACTION, OR OTHER PROCEEDING AGAINST THE RELEASED PARTIES arising out of my participating or volunteering in any Club activities.

Each provision of this Assumption of Risk, Waiver of Liability and Indemnity Agreement shall be considered separable; and if, for any reason, any provision or provisions herein are determined to be invalid and contrary to any existing or future law, such invalidity shall not impair the operation of or affect those portions of this agreement which are valid. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during any Club activities.



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I agree that the Released Parties will in no way be responsible for any medical expenses I incur related to or resulting from my participating or volunteering in any Club activities.

I have read this Assumption of Risk, Waiver of Liability, and Indemnity Agreement, and fully understand its terms. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY to the greatest extent allowed by law.

** Required Fields*

Participant First Name * _____

Participant Last Name * _____

Participant Date of Birth * _____

Guardian First Name * _____

Guardian Last Name * _____

Guardian Address * _____

Guardian Signature * _____



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COVID-19 is a world-wide pandemic and has been determined to be extremely contagious. It is known to be spread mainly from person-to-person contact. It is also widely believed that many infected people show no symptoms and still spread the virus. As of this time, there are limited treatments, vaccines, and no known cures for COVID-19 and evidence has shown that COVID-19 can cause serious illness and even death. Federal, state, and local governments and agencies have issued requirements and guidelines regarding social distancing and gathering in groups.

The Rockford Razorbacks cannot prevent you or your children from becoming exposed to, contracting, or spreading COVID-19 while engaging in activities with the Rockford Razorbacks. While we will have certain measures in place intended to reduce the possibility of spreading COVID-19, Rockford Razorbacks cannot guarantee that exposure will not occur. If you choose to have your child participate in one or more Rockford Razorbacks activities, you acknowledge that you may be exposing your child or yourself to an increased risk of contracting or spreading COVID-19 and you agree that you are assuming the risk, waiving any liability, and releasing the Rockford Razorbacks, and as described in this document, you also agree that you will follow the procedures and protocols which the Rockford Razorbacks have posted on our website, Facebook page, and TeamSnap.

By signing page 1 of this Waiver, you acknowledge that you have read and understood the above warning concerning COVID-19 and voluntarily assume the risk that your child(ren) and you may be exposed to or infected by COVID-19 by attending the Rockford Razorbacks activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at the Rockford Razorbacks activities may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, Rockford Razorbacks coaches, employees, volunteers, and program participants and their families. You voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to you or your child(ren) in connection with your child(ren)'s participation in Rockford Razorbacks activities. You hereby choose to accept such risk in order for your child(ren) to participate in Rockford Razorbacks activities.