



**ASSUMPTION OF RISK, WAIVER OF
LIABILITY AGREEMENT
FOR HIGH SCHOOL LACROSSE**

This Agreement must be completed in order to participate in the following activity(s).

Participant (print full name): _____

E-Mail Address: _____

Cell Phone Number: _____ Permission to text updates: YES NO

Name of High School: _____

I, the undersigned, am the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the program and activities SMCRC d/b/a YourSpace is providing.

TERMS AND CONDITIONS

I will authorize the Participant to take part in the above program. I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. YourSpace staff will do their best to insure the safety of your child. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Guardian/Parent of Participant understands and acknowledges that YourSpace is not an insurer of Participant's behavior, actions or participation in the program, and assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities.

GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

Signature of Legal Guardian and/or Parent of Participant

Date