



## Player Waiver & Release of Liability

I, for myself, assigns, heirs, next of kin acknowledge and those under my guardianship agree that I understand the nature of sports activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I fully understand that sports involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation the activities. I hereby release, discharge and hold harmless Ultimate Events and Sport Management Company, Inc., their respective owners, lease holders, administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors and advertisers, in addition all the same associated with Lehigh University, from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless Ultimate Events and Sport Management Company, Inc. from any litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such a claim. In addition, I authorize Ultimate Events and Sport Management Company, Inc., Its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Ultimate Events and Sport Management Company, Inc., its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. Furthermore, I also agree that participation grants Ultimate Events and Sport Management Company, Inc. and its agents the right to take and utilize photographs without any legal or financial obligation.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Print Player's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ \*US Lacrosse Membership #: \_\_\_\_\_ USL Expiration Date: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (C): \_\_\_\_\_ Phone (H): \_\_\_\_\_

Signature of Participant (or of Guardian if <18):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*It is a requirement of the event that ALL participants MUST be US Lacrosse Members. Athletes who are not members will not be allowed to participate; please see website for further details.