

Release, Indemnification, and Assumption of Risk

Activity: _____ Ursinus College Women's Lacrosse Clinic _____

Name of Participant: _____

I am signing this Release so that I can participate in *Ursinus Women's Lacrosse Clinic* to be held on *Wednesday July 29, 2017*. This Release, Indemnification, and Assumption of Risk Statement covers all events and occurrences associated with the Activity. I understand that if I have concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate in the Activity.

I acknowledge and understand the risks inherent with the activities carried under this program. I agree to assume the risk that unexpected events may occur and result in loss, harm, injury, or illness to me or damage to my property while I am participating in or observing the Activity or while I am traveling to or from the Activity. I hereby agree to indemnify and hold harmless Ursinus College, *Women's Lacrosse program*, its sponsors, employees, volunteers, affiliates, officers, agents, successors and assigns, subordinates, and any other persons connected to this event from any liability.

In the event that I require emergency medical treatment, I give my permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve Ursinus College, *Women's Lacrosse program* of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of the performed treatment.

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

Signature of Participant: _____ Date: _____

If Participant is under the age of 18 years, Parent or Legal Guardian must also sign:

Signature of Parent / Guardian: _____ Date: _____