I ___________________________________(Player's Name) am aware that playing or practicing to play or participate in any sport or activity can be dangerous in nature involving many risks of injury. I understand that the dangers and risks of playing or practicing to play or participate in lacrosse include, complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of playing or practicing to play or participate in lacrosse may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in lacrosse, I recognize the importance of following coaches and volunteer’s instructions regarding playing techniques, training, and all other rules, precautions, and etc., and to agree to obey all such rules, safeguards and instructions.

In consideration of UNLV Lacrosse, Palo Verde Lacrosse Club, Centennial Bulldog Lacrosse, City of Las Vegas or any officer, director, or volunteer thereof permitting me to engage in all activities related to clinics, practices, games tournaments and travel, including, but not limited to, instruction, practicing, or playing lacrosse, I hereby assume all risks associated with such participation and agree to hold UNLV Lacrosse, Palo Verde Lacrosse Club, Centennial Bulldog Lacrosse, City of Las Vegas or any officer, its employees, agents, representatives, directors, volunteers, players, parents and family members harmless from any and all liability, action, debts, claims, or demands of any kind and nature whatsoever which may arise from or in connection with my participation in any and all activities related to any and all lacrosse activities as described herein. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

(Sign to confirm you are aware that lacrosse is a violent contact sport, if registering on-line, the “accept” acknowledgment will serve as a record of my acceptance of these terms)

I specifically acknowledge that lacrosse is a contact sport involving great risk of injury.

Player’s Signature ___________________________ Print Name ___________________________ Date _____________

NOTE: By registering on-line you are agreeing to and electronically accepting this Waiver.

PARENT/GUARDIAN

In consideration of UNLV Lacrosse, Palo Verde Lacrosse Club, Centennial Bulldog Lacrosse, City of Las Vegas or any officer, director, or volunteer permitting my son or daughter to engage in all activities related to the Best of the West lacrosse tournament, including, but not limited to practicing or playing/participating in the sport of lacrosse, I hereby assume all the risks of my son/daughter associated with such participation and agree to hold UNLV Lacrosse, Palo Verde Lacrosse Club, Centennial Bulldog Lacrosse, City of Las Vegas or any officer, its agents, representatives, directors, and volunteers harmless from any and all liability, actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to this lacrosse activity.

The terms hereof shall serve as a release and assumption of risk for my son’s/daughter’s heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I have read and understand the risks as detailed in the player section of this agreement above.

Sign to confirm you are aware that lacrosse is a contact sport.

I specifically acknowledge that Lacrosse is a violent contact sport involving great risk of injury (If registering on-line, the “accept” acknowledgment will serve as a record of my acceptance of these terms).

Parent / Guardian’s Signature ___________________________ Date _____________

NOTE: By registering on-line you are agreeing to and electronically accepting this Waiver.