



Player Name: _____ Date of Birth: _____

Player Participation Waiver/Agreement

AGREEMENT: In consideration of my participation in the sponsored activities of the First State Girls Lacrosse camp/clinic/league, I acknowledge, agree to and understand that:

- 1. WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Armour Athletics LLC, the host organization, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.
- 2. MEDICAL ATTENTION:** I hereby give my consent to Armour Athletics LLC and the host organization of any Armour Athletics related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in their events.
- 3. READINESS TO COMPETE:** I will only participate in those competitions for which I believe I am physically and psychologically prepared to compete.
- 4. CODE OF CONDUCT:** I have read and agree to all terms in the US Lacrosse Code of Conduct.
- 5. COVID LIABILITY CONSENT:** I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Armour Athletics LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, but can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, sport staff, and other players and their families. I voluntarily seek services provided by Armour Athletics LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending this event. I attest that:

_____ I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

_____ I have not traveled internationally within the last 14 days.

_____ I have not traveled to a highly impacted area within the United States of America in the last 14 days.

_____ I do not believe I have been exposed to someone with a suspected and/or confirmed case of Coronavirus/COVID-19.

_____ I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by public health authorities.

_____ I am following all CDC recommended guidelines and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Armour Athletics LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the company, or that may otherwise arise in any way in connection with any services/goods received from Armour Athletics LLC. I understand that this release discharges Armour Athletics LLC from any liability or claim that I, my heirs, or any personal representatives may have against the company with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Armour Athletics LLC. This liability waiver and release extends to the company together with all owners, partners, and employees.

Player/Parent Signature (over the age of 18)

Relationship to Player

Today's Date

Parent/Guardian Name Printed

Contact Phone Number

Player/Parent Email Address

Player Grade

Returning/New Player