American Select Walk Up Registration

Name	·	Grad. Year:
Addre	SS:	
High S	School:	Club:
Positio	on: En	ergency Contact Name & # :
Email:		
Adult a	and Minor Participant Waive	& Release Agreement:
In considerati	on of participating in any way in a American Select Lacross	LC event, the undersigned, both individually and on behalf of any minor for whom the undersigned is legally responsible:
AGREE	Select Lacrosse LLC inspect the property, facility and eq refuse to be on said property and/or participate unless as acknowledges and fully understands that each participar disability and death, and understands and accepts that is inactions or negligence of others, the rules of play, and/assumes all of the foregoing risks and accepts that is present and/or participating in an activity involving Ameri represents that I, or my child, am qualified, in good healt representative of American Select, or medical provider, to liability whatsoever, inclusive of any responsibility for any releases, waives, discharges and covenants not to sue A and/or other participants, sponsoring agencies, sponsors I am responsible, participate (all of which are hereinafter demands, losses or damages on account of any injury, in the facility or in the parking lot, on a sidewalk or any othe legal guardian of the subject minor/child, and separately hereby authorizes the use in any promotional materials cagrees that all disputes arising from an injury or claim wit to the extent that statute or case law does not prohibit re portion of this release from liability shall be deemed by a offending provision and provisions severed here from. AVE READ AND FULLY UNDER TO GIVE UP CERTAIN RIGHTS	erican Select Lacrosse LLC. it's affiliated events, it's affiliated clubs, administrators, members, directors, agents, coaches, referees advertisers, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for ferred to as "releasees"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all clauding death or damage to property, caused or alleged to have been caused, in whole or in part, by the releasees or otherwise, whele sterior area. I so agree independently on behalf of myself as to any claims I may have as a participant/spectator and/or as the par
parent/o	caregiver full name printed	date
parent/o	caregiver signature	
In consi acknow	deration of being allowed to partic edges, appreciates, certifies and a	pate in an American Select Lacrosse LLC event, the undersigned prees that:
1. 2. 3. 4. 5. 6. 7. 8.	rules and personal discipline may reduce this rill I have a pre-existing health condition, exposu. American Select Lacrosse LLC cannot ensure it ensure the health and safety of other participan infectious disease; and, I KNOWINGLY AND FREELY ASSUME ALL SUothers, and assume full responsibility for my pal certify that I have not recently tested positive floss of taste or smell, headache, chills, muscle I certify that I do not have a household family may be with the significant hazard during my presence or partice volunteer, or official immediately; and, I, for myself and on behalf of my heirs, assigns, LLC, and their partners, officers, officials, agent applicable, owners and lessors of premises use DEATH, or loss or damage to person or proper permitted by law. I HAVE READ THIS RELEASE OF LIAB UNDERSTAND THAT I HAVE GIVEN U AND VOLUNTARILY WITHOUT ANY IN FOR PARTICIPANTS OF MINORITY AGE (UN for this participant, have read and explained the personal responsibilities for adhering to the rule accepts these risks and responsibilities. I for my specific my spouse, and child/ward do release a presence or participation in these activities as presence or participation in the propertical pr	r, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breat body aches and/or sore throat. **body aches and/or sore throat.** **body aches and/or employees.** **body aches and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Select Lacro, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, vendors, advertisers, and to conduct the event (**RELEASEES*), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent **LITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, SUBSTANTIAL RIGHTS BY AGREEING TO IT AND I/WE NEVERTHELESS DO SO FREELINCEMENT.** **ER AGE 18 AT THE TIME OF REGISTRATION)This is to certify that I, as parent/guardian, with legal respons provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her and regulations for protection against communicable diseases. Furthermore, my child/ward understands and elf, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees for any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or any and all liabilities incident to my minor child's/world or my minor child's/world or any and all liabilities incident to m
	parent/caregiver full name print	d date
	parent/caregiver signature	