

Waiver of Liability

This agreement releases the **Franklin Arrows Girls Lacrosse Team, the coaching staff and their families**, from all liability relating to injuries that may occur **during lacrosse practices, games, travel, or events**. By signing this agreement, I agree to hold **Franklin Arrows Girls Lacrosse Team, the coaching staff and their families**, entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in girls and boys **lacrosse**. These include but are not limited to **prior health issues, medical condition, or injuries prior to participation**. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in lacrosse related activity.

By signing below I forfeit all right to bring a suit against **Franklin Arrows Girls Lacrosse Team, the coaching staff and their families**, for any reason.

I will also make every effort to obey safety precautions both before, during, and after lacrosse games, scrimmages, practices and team related activities. I will ask for clarification when needed.

As the parent of _____, I hereby grant permission for her to participate in the Franklin Arrows Girls Lacrosse Team. I fully understand by signing this agreement document that my daughter(s) listed above, will be engaged in physical activity

During the year that contains the inherent risk of physical injury. Knowing this fact, I further release and agree to hold harmless any practice facility used, coaches, and all Franklin Arrows Support staff/parents, and organizers from any liability for personal injury or property damage while the player is enrolled on the Franklin Arrows team during the 2017-2018 season.

I, _____, fully understand and agree to the above terms, and will ensure my daughter wears all safety gear at all times.

Print Parent Name

Parent Signature

Date