



WAIVER

I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the sport of lacrosse. I agree on behalf of the attendee, myself, my heirs, and personal representatives, to release and agree to indemnify and hold harmless Cherries Lacrosse LLC-their staff, officers, agents, representatives, employees, and volunteers from any damages, costs, or liability for any injury, illness or otherwise related to attendee's participation in this event. Players will look only to their insurance company for coverage if not a US Lacrosse member (All US Lacrosse members are automatically covered). I understand Cherries Lacrosse LLC retains the right to use for publicity and advertising purposes photographs of campers taken at this clinic.

Code of Conduct: Participants are expected to show respect to other participants and the host facility.

Player Name

Parent/Guardian signature

_____ \ _____

Date