

**WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

This release is entered in consideration for Registrant's being allowed to participate in the Birmingham Bandits Lacrosse Program and all related events (collectively, the "Program"). It is also given as consideration to use the premises and equipment utilized by the Program.

I am the parent or legal guardian of Registrant and am legally authorized to execute this agreement on his behalf.

I recognize and acknowledge that the risk of injury from contact sports and lacrosse, both inherent to the sport and in coaching and training, includes both minor injuries such as bruises and sprains, and significant injuries including concussion, paralysis, and death.

I knowingly and voluntarily assume all such risks, both known and unknown, and accept full responsibility for Registrant's participation in the Program.

I, for myself and my registrant, ("Releasors") do covenant not to sue, and release, waive, and discharge from liability Birmingham Bandits Lacrosse and their board members, members, employees, volunteers agents, and representatives (all collectively "Releasees") of and from all claims against Releasees for injuries, accidents, death, and property loss arising from Releasors' participation in the Program, including without limiting the generality of the foregoing, practices, games, clinics, conditioning, use of related premises, facilities and equipment, and being transported to and from same, which transportation I hereby authorize.

Further, I agree to indemnify and hold harmless Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including attorney's fees, arising or resulting from Registrant's involvement the Program and to reimburse Releasees for any such expense incurred.

I agree that Registrant will abide by all the rules of the Program, that Registrant's participation is voluntary, and that his participation may be suspended or terminated in the Program's sole and absolute discretion.

This agreement is binding upon and for the benefit of Registrant, me, the Program, and the successors, heirs and assigns of each.

This is the entire agreement of the parties regarding the matters set forth.

I have full health insurance coverage for Registrant and this coverage will remain in full force and effect while he is involved in the Program.

I have signed this release voluntarily and without duress. It will be interpreted by the laws of the State of Alabama and given effect to the fullest extent permitted by law.

\_\_\_\_\_  
Registrant's Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Telephone Number of Parent or Guardian