



Connecticut Valley Elite 2010 Waiver & Release

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION

Player's Name: _____

I, _____, am the parent/legal guardian of _____, (player) who has my permission to participate in on Connecticut Valley Elite's U__ program during the 2010 year. I hereby acknowledge that lacrosse is a contact sport that requires focus and athleticism, there are many risks involved in the game that could result in serious injury or even death. Additionally, I am aware that there are risks in everyday life and that during my child's involvement in the Connecticut Valley Elite Lacrosse program; competing in games, practicing, traveling and/or otherwise engaged voluntarily assume these risks, and hereby release and hold harmless Connecticut Valley Elite, and all of its agents, representatives and assigns, from all liability, claims, rights or causes of action which may occur as a result of personal injury, property loss or damage sustained by player arising out of, or as a consequence of, players' participation in the Connecticut Valley Elite Lacrosse program.

I am not an agent or spokesperson of the Connecticut Valley Elite program. As a parent or legal guardian of the player, my attendance at or participation in the Connecticut Valley Elite events does not make me an agent or spokesperson of the Connecticut Valley Elite program. I recognize that I am liable for my own actions and hereby agree completely to indemnify Connecticut Valley Elite from the cost of legal defense and payment of damages in the event of any claim, liability or cause of action, which may arise from my actions or behavior while in attendance at any Connecticut Valley Elite event and/or programs.

Print Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

Please mail this form along with registration and payment to:

Jim Crozier

2 Haddam Dr

Avon, CT 06001