

WEST KNOX LACROSSE COACHES, VOLUNTEERS, AND BOARD OF DIRECTORS

ACKNOWLEDGMENT AND RELEASE

WEST KNOX HIGH SCHOOL LACROSSE CLUB

I, _____, THE UNDERSIGNED PARENT OR GUARDIAN OF _____
HEREBY AFFIRM THAT I HAVE BEEN INFORMED AND AM AWARE OF ALL THE INHERENT
DANGERS OF PARTICIPATING IN ACTIVITIES WITH THE HIGH SCHOOL LACROSSE CLUB.
FURTHERMORE, I UNDERSTAND THAT, WHILE THE HIGH SCHOOLS ACKNOWLEDGE THE EXISTENCE
OF THE BOY'S LACROSSE CLUB, THE ACTUAL ENGAGING (PLAYING) IN THE SPORT OF LACROSSE IS
NOT SANCTIONED BY ANY KNOX COUNTY HIGH SCHOOL. I ALSO UNDERSTAND THAT ANY COSTS
RELATED TO LACROSSE CLUB ACTIVITIES ARE THE RESPONSIBILITY OF THE LACROSSE CLUB
MEMBER AND HIS FAMILY.

I HAVE ALSO BEEN INFORMED THAT LACROSSE CLUB ACTIVITIES (INCLUDING, BUT NOT LIMITED
TO, "PRACTICE OR GAMES") MIGHT NOT BE CHAPERONED BY ANY ADULT.

I UNDERSTAND THAT NEITHER VOLUNTEER COACHES, BOARD OF DIRECTORS, OR PARENTS FOR
WEST KNOX HIGH LACROSSE MAY BE HELD LIABLE IN ANY WAY FOR ANY OCCURRENCE IN
CONNECTION WITH THE ACTIVITIES RELATED TO LACROSSE CLUB ACTIVITIES WHICH MAY RESULT
IN INJURY OR OTHER DAMAGE TO PLAYERS OR ANY THIRD PERSONS.

AS A CONSIDERATION OF MY STUDENT'S (LACROSSE CLUB MEMBER) PARTICIPATION IN THE
ACTIVITIES OF THE LACROSSE CLUB, I HEREBY PERSONALLY ASSUME ALL RISKS AND LIABILITIES
IN CONNECTION WITH THIS ACTIVITY, AND I FUTHER RELEASE AND AGREE TO IDEMNIFY AND
HOLD TEAM VOLUNTEERS OR COACHES NOT RESPONSIBLE FOR ANY INJURY OR DAMAGE WHICH
MAY OCCUR WHILE PARTICIPATING IN THIS ACTIVITY, INCLUDING ALL RISKS CONNECTED
THEREWITH, WHETHER FORESEEN OR UNFORESEEN; FROM ANY CLAIM BY THE PARTICIPANT'S
FAMILY, ESTATE, HEIRS, OR ASSIGNS OR THIRD PARTIES ARISING OUT OF THE PARTICIPATION IN
THE ACTIVITIES OF THIS CLUB.

I FURTHERMORE AGREE THAT THE PARTICIPANT (LACROSSE CLUB MEMBER) AND HIS PARENTS
WILL BE FINANCIALLY RESPONSIBLE FOR ANY DAMAGES CAUSED TO KNOX COUNTY PROPERTY,
OR ANY PERSONAL PROPERTY OF INDIVIDUALS OR BUSINESSES.

I UNDERSTAND THE TERMS HEREIN ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THAT I
HAVE SIGNED THIS DOCUMENT AS MY OWN FREE ACT.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY
READING IT COMPLETELY BEFORE I SIGNED IT.

DATE SIGNED

SIGNATURE OF PARENT OR GUARDIAN

DATE SIGNED

SIGNATURE OF LACROSSE CLUB PLAYER