Accident Waiver and Release of Liability Form

The named participant ______________________________ has my permission to participate in the Western Connecticut State University Men’s Lacrosse Tournament on August 4-5th, 2018. I hereby assume all of the risks of participating in any and all activities associated with this tournament. I understand the sport of lacrosse can be dangerous and test a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, staff, volunteers, trainers, and/or anyone else associated with the tournament. These risks also include but are not limited to any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I understand these risks are not only inherent to participants, but are also present for staff, trainers, volunteers or anyone else participating in the tournament.

I understand the State of Connecticut, Western Connecticut State University, its employees, agents, officers, staff, volunteers, or anyone else associated with the tournament are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I further agree to waive, release and discharge the State of Connecticut, Western Connecticut State University, its employees, agents, officers, staff, volunteers, and anyone else associated with the tournament from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for participant death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to the participant including traveling to and from this activity.

I also indemnify, hold harmless, and promise not to sue the State of Connecticut, Western Connecticut State University, its employees, agents, officers, staff, volunteers, and anyone else associated with the tournament from any and all liabilities or claims made as a result of participation in this activity whether caused by the negligence of release or otherwise.

In the case of an emergency, I understand that every attempt will be made to contact the emergency contact person listed above. I grant permission to the attending certified athletic trainer to render any and all medical treatment deemed necessary to the participant including (if necessary) hospitalization. Any expense arising from the emergency situation is the responsibility of the person signing below.

The health history and insurance information provided above is complete and correct to the best of my knowledge. I certify that the named participant is physically fit, has sufficiently prepared or trained for participation in this tournament, and has not been advised to not participate by a qualified medical personnel. I certify that there are no health-related reasons or problems which preclude the participant’s participation in this activity. I authorize the tournament staff to administer any prescribed medications listed above that are to be taken during the duration of the tournament. I also authorize the participant to use and self-administer any required medications (inhalers, epi pens, etc.) should they need to.

I understand while participating in this Western Connecticut State University Men’s Lacrosse Tournament, I may be photographed or filmed. I agree to allow my photo, video, or film likeness to be used on printed materials or social media for any legitimate purpose by the State of Connecticut, Western Connecticut State University, its employees, agents, officers, staff, volunteers, or anyone else associated with the tournament.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract to participate in the Western Connecticut State University Men’s Lacrosse Tournament, and I sign it of my own free will. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In addition, by signing below I agree to release Western Connecticut State University from all liability.

______________________________  ______________________________
Participant’s Signature Date

______________________________  ______________________________
Parent / Legal Guardian Signature (if under 18) Date

Western Connecticut State University Men’s Lacrosse Tournament

August 4-5th, 2018