NORTHERN ARIZONA YOUTH LACROSSE

MINOR PARTICIPANT WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL AUTHORIZATION

Event Name: _____

Event Date(s): _____

Location: _____

1. MINOR PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____

Parent/Legal Guardian Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

2. EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

3. MEDICAL INFORMATION

Primary Physician: _____

Physician Phone: _____

Health Insurance Carrier: _____

Policy Number: _____

Please list any medical conditions, allergies, medications, physical limitations, recent injuries, or other information NAYL staff should know before participation:

4. ACKNOWLEDGMENT OF RISKS

I am the parent or legal guardian of the above-named minor participant ("Participant"), and I authorize Participant to take part in this Northern Arizona Youth Lacrosse (NAYL) free clinic and any related warm-ups, drills, skills instruction, scrimmages, conditioning, demonstrations, and event activities (collectively, the "Activities").

I understand that participation in lacrosse and related athletic activities involves inherent and other risks, known and unknown, including but not limited to: falls; collisions with other participants, coaches, volunteers, spectators, balls, sticks, goals, nets, cones, and other equipment; overexertion; dehydration; heat illness; weather-related conditions; uneven or slippery ground; field hazards; failure or misuse of equipment; head, eye, mouth, dental, neck, back, bone, joint, muscle, and soft-tissue injuries; concussion or other traumatic brain injury; serious permanent disability; and death.

I understand that Sedona and other Northern Arizona outdoor environments may present additional risks, including heat, sun exposure, wind, dust, variable field conditions, and other natural or site-related hazards.

I certify that Participant is physically able to take part in the Activities, or that I have disclosed any relevant limitations above.

5. ASSUMPTION OF RISK

On behalf of myself and, to the fullest extent permitted by law, on behalf of Participant, I knowingly and voluntarily assume all risks of Participant's participation in the Activities, including risks arising from ordinary negligence, inherent risks of sport, conditions of the premises, and actions or inactions of other participants.

I understand that this document is intended to be broad and inclusive to the fullest extent permitted by Arizona law.

6. RELEASE AND WAIVER OF LIABILITY

In consideration for Participant being allowed to participate in the Activities, I, for myself and, to the fullest extent permitted by law, for Participant and for our heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and covenant not to sue

Northern Arizona Youth Lacrosse (NAYL), its directors, officers, board members, employees, coaches, trainers, officials, volunteers, independent contractors, program directors, chapter directors, agents, representatives, sponsors, host facilities, field owners, field operators, municipalities, school districts, and all other persons or entities acting in any capacity on their behalf (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages, losses, liabilities, costs, or expenses of any kind arising out of or related to Participant's attendance at or participation in the Activities, including claims arising from the ordinary negligence of any Released Party.

This release is not intended to release claims that cannot be released under applicable law, including claims based on gross negligence, reckless conduct, or intentional misconduct.

7. MEDICAL AUTHORIZATION AND EMERGENCY CARE

If I cannot be reached in an emergency, I authorize NAYL and its representatives to obtain or authorize medical evaluation, treatment, transport, emergency care, hospitalization, and related services for Participant as deemed reasonably necessary.

I understand and agree that:

NAYL does not provide health or accident insurance for Participant.
I am financially responsible for any medical care, treatment, transport, ambulance, hospital, physician, therapy, pharmacy, or related expenses incurred on behalf of Participant.
NAYL may rely on the medical information I have provided in this form.

8. RULES, INSTRUCTIONS, AND RIGHT TO REMOVE

I agree that Participant will follow all clinic rules, safety instructions, equipment requirements, and directions from coaches, staff, and volunteers. I understand that NAYL reserves the right to remove Participant from the Activities, without refund or liability, if Participant's behavior is unsafe, disruptive, or inconsistent with program expectations.

9. EQUIPMENT AND PERSONAL PROPERTY

I understand that lacrosse and related athletic equipment may reduce but cannot eliminate the risk of injury. I accept responsibility for ensuring that any equipment provided by me is properly fitted and in usable condition. I understand that NAYL is not responsible for lost, stolen, or damaged personal property.

10. NO GUARANTEE OF SUPERVISION OR MEDICAL PERSONNEL

I understand that although NAYL may provide coaches, volunteers, or staff at the clinic, NAYL does not guarantee any particular level of supervision, medical personnel, or on-site emergency response capability beyond what is actually present at the event.

11. PHOTOGRAPHY AND COMMUNICATIONS

I understand that photographs or video may be taken during the Activities for safety, training, documentation, or organizational purposes.
Initial one:
[ ] **OPT IN** to NAYL's use of Participant's image or likeness for nonprofit promotional, educational, or informational purposes without compensation.
[ ] **OPT OUT** of promotional use of Participant's image or likeness.

12. SEVERABILITY, GOVERNING LAW, AND VENUE

If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect. This Agreement shall be governed by the laws of the State of Arizona. To the fullest extent permitted by law, any legal action arising out of or relating to this Agreement or the Activities shall be brought in a state court of competent jurisdiction in Yavapai County, Arizona.

13. ACKNOWLEDGMENT

I have carefully read this document, understand its contents, and understand that I am giving up important legal rights by signing it. I understand that this document is intended to be a release of claims to the fullest extent permitted by Arizona law. I sign it voluntarily and without inducement.

I certify that I am the parent or legal guardian of the Participant and have legal authority to sign this Agreement.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: _____

Participant Signature (recommended if age 12+):

_____

Printed Name: _____

Date: _____