Dublin Jerome Boys Lacrosse Summer Camp

COMBINED LIABILITY/MEDICAL RELEASE FORM

The following form must be completed for all participating players.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        (name of student-athlete)

Recognizing the possibility of serious physical injury associated with lacrosse and in consideration of my child/ward's participation in the Dublin Jerome Boys Lacrosse Summer Camp, I HEREBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, administrators, executors, assignees, and successors,  and TO RELEASE, INDEMNIFY, DISCHARGE AND HOLD HARMLESS Dublin City Schools, Dublin Jerome Lacrosse Boosters, all coaches, athletic trainers, as well as any other person, sponsor, employee, board member, agent, or associated personnel, providing services or assistance to the Dublin Jerome Boys Lacrosse Summer Camp from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the Dublin Jerome Boys Lacrosse Summer Camp. As the parent/legal guardian of the above-named player, I hereby give my consent to have an athletic trainer provide medical assistance to my child/ward. I further authorize emergency medical transport and care prescribed by a physician, dentist or duly licensed health care provider or their designee and agree to be financially responsible for the cost of such care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

In consideration for honoring the participant’s request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge the Dublin City Schools, and its Board Members, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant’s participation in this activity. I also hereby agree to save, hold harmless, and indemnify the Dublin City Schools , its Board Members, and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity**. I recognize that this Release means that I am giving up, among other things, rights to sue the school or its Board, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature                                                       Date