



UNIVERSITY of ROCHESTER

PART I

Acknowledgement and Release Agreement

I, _____, wish to participate in the GIRLS LACROSSE CLINIC offered by University of Rochester.

If participant is younger than 18 years: I, _____, am the parent or legal guardian of _____ whom I wish to participate in the GIRLS LACROSSE CLINIC offered by University of Rochester.

As a precondition to my participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the reverse side of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees"). I understand that I am not required to participate in the Activity and that I choose to do so voluntarily and free of duress.

2. Liability Release. In consideration for U of R allowing me to participate in the Activity, I agree I will not sue the Releasees and I hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that I may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. Statement of Physical Fitness. I state that I am physically fit and in a condition that will allow me to participate fully and safely in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and Releasees are relying on my statement of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in the Activity.

4. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.

5. Governing Law. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In the event of an emergency, the emergency contact that is listed on my registration form will be contacted via phone by a staff member as soon as possible.



UNIVERSITY of
ROCHESTER

PART II
ACTIVITY DETAIL FORM

Name of Activity: GIRL'S LACROSSE CLINIC

Date(s) of Activity: SATURDAY SEPTEMBER 1, 2018

Location of Activity: FAUVER STADIUM

Description of Activity: Participation in GIRLS LACROSSE which may include training, practices, drills and competitions, some of which may involve bodily contact with others and with equipment.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed here:

Physical injury, including but not limited to broken bones, concussions or other head injuries, organ damage, torn ligaments and tendons, cardiac injury, and even death. These may be accompanied by psychic injury or mental anguish. These risks may result from participation in practices, training drills and competitions, and during travel to and from practices and competitions.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age .

Name of Participant (printed)

Signature of Participant (if over 18)

Name of Parent or Legal Guardian (printed)
If participant is younger than 18 years

Signature of Parent or Legal Guardian
If participant is younger than 18 years

Phone number where parent/legal guardian
can be reached in case of emergency.

Date

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)



UNIVERSITY of ROCHESTER

PART II

GIRLS LACROSSE CLINIC Rules and Regulations

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) Participants may not leave University property or the program without permission of the Program Sponsor.
- 3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 4) No use of tobacco products.
- 5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.
- 6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.
- 8) By signing this agreement, I declare that I have read, understand, and approve the rules, and wish to participate in this GIRLS LACROSSE CLINIC

Any participant who is found behaving in direct violation of these rules will be removed from the GIRLS LACROSSE CLINIC immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Participant (printed)

Signature of Participant (if over 18)

Name of Parent or Legal Guardian (printed)
If participant is younger than 18 years

Signature of Parent or Legal Guardian
If participant is younger than 18 years

Emergency Contact Name

Emergency Contact Number

Date



UNIVERSITY of ROCHESTER

PART III

Emergency Contact Information

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR Security, please use the contact information listed below to reach the staff members.

(List coaches who will be at event):

Name Sue Behme Office: 585-275-1030 Cell: 585-789-8170

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.

2018 UNIVERSITY OF ROCHESTER LACROSSE CLINIC MEDICAL HISTORY FORM

To Whom It May Concern:

I, _____, give permission for first aid or medical treatment to be given to my daughter, _____ if deemed necessary by the Certified Athletic Trainer or qualified physician. The following health history is correct as far as I know, and the permission to engage in all prescribed camp activities, excepted as noted by our family doctor or me is given.

(Date)

(Signature of Parent/Guardian)

Camper's Full Name: _____

Address: _____ City/State/Zip: _____

Phone Number: () _____ Parent/Guardian Name: _____

Emergency Contact: _____ Emergency Number: () _____



UNIVERSITY of
ROCHESTER

Family Doctor's Name: _____

Family Doctor's Address: _____

City/State/Zip: _____ Doctor's Phone: () _____

Does the camper have medical insurance? Yes or No (please circle)

Insurance Carrier Name: _____

Insurance Policy Number/Group: _____

Insurance Carrier Phone Number: () _____

Last Tetanus and Immunizations against diphtheria, measles, mumps, poliomyelitis and rubella:

(Please include dates) _____

Has the camper had a physical examination performed within the last year? Yes or No

Does the camper have any allergies? If yes, please list. _____

Does the camper currently take any medication (s) or does she have any reactions to penicillin or any other prescriptions? If yes, please list. _____
