## **Bucks County Lacrosse Coaches Alliance**

## Assumption of Risk and Waiver of Liability

Participation in the lacrosse tournament involves inherent risks, including but not limited to physical injury from playing or using equipment. By signing this agreement, I acknowledge that these risks are significant and include potential for broken bones, severe injuries to the head, neck, back, or other bodily harm that could result in permanent disability, economic losses, or death.

I voluntarily assume all risks associated with my participation in the tournament, including injury or damage to myself, and agree to accept full responsibility for any and all claims, liabilities, or expenses arising from my involvement. I understand that these risks include but are not limited to those caused by the actions, omissions, or negligence of Bucks County Lacrosse Coaches Alliance, its employees, volunteers, agents, and other participants.

I hereby release, covenant not to sue, discharge, and hold harmless Bucks County Lacrosse Coaches Alliance and its affiliates from any liabilities, claims, damages, costs, or expenses of any kind arising from my participation in the tournament. This release includes any claims based on negligence by Bucks County Lacrosse Coaches Alliance and its representatives.

I agree to indemnify and hold harmless Bucks County Lacrosse Coaches Alliance and its affiliates from any costs, damages, or liabilities, including attorney fees, related to my participation in the tournament.

By signing below, I acknowledge that I have read and understand this Waiver of Liability, that no oral statements have been made apart from this written agreement, and that I am of legal age, had received a completed copy of the agreement, and had read and understood the entire agreement, and specifically the release and waiver of liability. This waiver is governed by the laws of the Commonwealth of Pennsylvania, and if any part is found unenforceable, the remainder will still apply.

r articipant information.			
Print Name			
Signature			
**Date:**			

Participant Information: