Lexington Legomen

Fall Tryouts located at The Lexington School

Assumption of Risk and Release

I/We, the undersigned, certify that _____ is in good physical health and is

able to participate in all activities of the **2011 Lexington Legomen Fall Tryout**. I/We also understand that because of the inherent dangers and risks involved with participation in the **2011 Lexington Legomen Fall Tryout**, at The Lexington School, which are scheduled for:

November 12, 2011

that I/We should be covered during the said period by a private medical and liability policy; and I/We further understand that the Lexington Legomen do not provide such insurance or otherwise indemnify individuals with respect to injuries or other liability arising out of participation in the **2011 Lexington Legomen Fall Tryout**.

Therefore, in consideration of _____ being permitted to participate in the **2011 Lexington Legomen Fall Tryout**, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the **2011 Lexington Legomen Fall Tryout**. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s)/Coaches/Staff, and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release and discharge the Lexington Legomen, it's coaches, employees, agents, and assign from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the **2011 Lexington Legomen Fall Tryout**, or growing out of, or caused by any acts, or omissions of _____ during participation in the **2011 Lexington Legomen Fall Tryout**.

_____

US Lacrosse #

_____ _____

Participant Signature Date

_____

Print Name(s)

_____ _____

Parent(s)/Guardian(s) Signature Date

_____

Print Name(s)