2019 BISON BRAWL PROSPECT CLINIC

PARTICIPANT WAIVER & RELEASE

SIGNATURE REQUIRED TO PARTICIPATE

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Player”) will participate in the 2019 Bison Brawl Prospect Clinic (“Prospect Clinic”) of Fed Lax LLC (“FedLax”) on the clinic date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I confirm that Player has had a routine medical examination within the past year and that such examination revealed no medical reason why player cannot participate in or is limited in participation in athletic activities such as lacrosse. I know that lacrosse is a contact sport that is inherently dangerous and involves risk of injury to Player including permanent disability and death, and severe social and economic losses, which might result from Player’s own actions, inactions or negligence, the action, inaction or negligence of others, the rules of play, the condition of the premises or any equipment used or transportation to or from a lacrosse event. Such risks exist despite particular rules, equipment and personal discipline that may reduce risks. Player is responsible to provide his own equipment, and risk involved that equipment. Further, I know that there may be other risks not known or reasonably foreseeable at this time. I knowingly and voluntarily assume all the risks set forth in this paragraph.

I affirm that on my own initiative and assumption of risk, Player will participate in the Prospect Clinic. In consideration of the organization, sponsorship, coaching, training and competition services for Player, I hereby hold harmless and release, forever discharge and covenant not to sue FedLax, Frank Fedorjaka, the venue at which the Prospect Clinic takes place and individually and collectively its owners, agents and staff, and, individually and collectively, FedLax’s organizers, directors, administrators, employees, coaches, sponsors, volunteers, associates and other participants, and their agents, assigns, heirs, personal representatives and next of kin (collectively, the “Releasees”), from any and all liability, claims, rights or causes of action that may arise out of or be alleged to rise out of personal injury or property loss or damage sustained by Player because of Player’s participation in the Prospect Clinic activities and programs, wherever located.

Signature of Participant Date

Participant Last Name, First Name (Please Print) Date

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD

This satisfies that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to the release as provided above of all the Releasees, and, for myself my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities, incident to my minor child’s involvement or participation in the Prospect Clinic as provided above.

Signature of Parent/Guardian Date

2019 BISON BRAWL PROSPECT CLINIC MEDICAL INFORMATION

FOR PARENT(S)/GUARDIAN(S)

MEDICAL CARE AND INSURANCE

The Prospect Camp utilizes and maintains the Bucknell University athletic training room during its camps for the treatment of minor injuries or illness, and we will have a certified athletic trainer on the clinic staff. The clinic and its training staff do not provide supplies for preventative taping to campers. Injuries requiring medical treatment, hospitalization, and/or surgery will be referred to the Evangelical Community Hospital (2 miles north of campus). A parent or guardian of each player must fill out and sign this camp medical and insurance form granting permission to administer the appropriate medical attention, if necessary. Parents or guardians will be called immediately upon occurrence of any such injury and need of such medical attention. **Bucknell University does not provide medical insurance for those attending.** Should hospitalization and/or the care of a physician be required, the camper must rely on their medical insurance plan for payment of all medical services rendered.

INSURANCE INFORMATION

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # and Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other possible health concerns (i.e. severe asthma, pre-existing injuries coming into camp, prescription medications, disabilities, allergic reactions to bee stings, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL TREATMENT AUTHORIZATION

As a parent/guardian, I authorize the treatment of my child by a qualified and licensed medical professional in the event of an accident, injury or sickness for which medical and/or surgical treatment is required. This release is effective during the period of time in which my child is participating in the Prospect Clinic. I also hereby assume the responsibility for payment of any treatment. I authorize a representative of the Prospect Clinic to authorize the health care professional or professionals in charge of my child’s care to administer such treatment, including anesthetic, and perform such operations as may be deemed necessary or advisable in the diagnosis and medical care of my child. **This authority is granted only in the event of an emergency or after reasonable effort has been made to reach me (the parent/guardian of the child).**

Signature of Parent/Guardian Date