OFFICE LISE	ONLY: FLEV/8	CANADA

BATTLE OF THE BORDER PARTICIPATION WAIVER AND RELEASE OF LIABILITY

PLAYER FIRST NAME:					PLAYER LAST NAME:				
Coa	ch:	Geoff Snider	Phone:	403-479-4307	Email:	info@elev8lacrosse.com			
Pinnie Number:					_ Position:				
In consideration of being allowed to participate in the event or activity referenced above, I acknowledge, appreciate, and agree that:									
 The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 									
2.		I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,							
3.	part part	rillingly agree to comply with the stated and customary terms and conditions for rticipation. If, however, I observe any unusual significant hazard during my presence or rticipation, I will remove myself from participation and bring such to the attention of the arest official immediately; and,							
4.	HERI emp own AND	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR							
	ОТН	OTHERWISE, to the fullest extent permitted by law.							
	I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.								
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Player Signature1 :			Date:						
Parent/Guardian Name (if under 18):									
Parent/Guardian Signature2: Date:						Date:			