

# Mizzou Lacrosse Alumni Association

Mizzou Lacrosse Alumni Association  
408 E 65<sup>th</sup> Ter  
Kansas City, MO 64131

## Release of All Claims & Covenant Not to Sue Mizzou Lacrosse Alumni Association

**RE: Lacrosse Camp held at University of Missouri, Columbia**

I know that participation in the Mizzou Lacrosse Alumni Association Summer Camp is a potentially hazardous activity and I agree that my participation is entirely voluntary. I know I should not enter this activity unless I am medically able to participate and the signature below attests that I am medically fit to participate. I know that the hazards of the games activities include, but are not limited to: rigorous exercise and exertion, falling, collision with other participants, collision with fixed objects, and being struck by game objects (i.e. balls, sticks, etc.). I further state that I know that injuries can range from minor to serious, including loss of sight, paralysis, and death.

That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Mizzou Lacrosse Alumni Association and their officers, counselors, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless University Club Lacrosse team (i.e. Players, Coaches, Assistants, etc.) from any and all liability, damage, or claim or any nature whatsoever arising out of my participation.

I understand that the Mizzou Lacrosse Alumni Association may not provide any Accident or Medical Insurance.

I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in these activities at the Mizzou Lacrosse Alumni Association Summer Camp.

I have read and understand the terms of this Release & Covenant and agree to all terms and conditions. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will.

I am of lawful age and legally competent to sign this waiver and release form or if less than the legal age of eighteen (18), my parent or legal guardian's consent and signature is also required and I (we) have signed this document as my (our) own free act.

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Participant Signature

Print Name

Date

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Parent/Guardian Signature

Print Name

Date

(Only if Participant is under age 18)