RELEASE, WAIVER, AND CONSENT

Please read this document carefully as it substantially affects your rights.

I acknowledge that my minor child has elected to participate in activities operated by the Premier Lacrosse League, Inc (the “PLL”) and/or its partners. Such activities include, but are not limited to, physical activity, sport, training, educational, and spectator activities (“Activities”). In consideration for my child being permitted to participate in the Activities, I and my minor child (when used together, “we”) acknowledge and agree to the following:

1. **Following Directions**. We agree to follow all safety, security, and other directions given, including but not limited to rules of the game and COVID-19 Protocol. We acknowledge that some Activities may be unsupervised, and all Activities must be performed according to the instruction provided. We understand that participation may be terminated if PLL determines my minor child’s conduct adversely affects others or violates any directions of the PLL.
2. **Image and Likeness.** We agree during the Activities my minor child and/or I may be photographed or videotaped while in public areas and I grant to the PLL and its assignees permission to use and publish (including by electronic means) such image, voice, or other likeness (“Likeness”) of me or minor child for business and promotional purposes, provided that PLL does not receive any direct monetary or other remuneration in exchange for our Likeness. PLL agrees that it shall not make use of our Likeness for or to imply any endorsement by me or my minor child. Without limitation of the foregoing, I expressly acknowledge PLL may use my and/or my minor child’s Likeness on its website for marketing or other business purposes and I consent to the same. We hereby waive any benefits of any provision of law known as “droit moral” and/or “moral rights” or any similar law in any jurisdiction. We understand that no compensation or royalties will be paid in connection with any use and/or distribution of my or my minor child’s Likeness. This grant is irrevocable.

1. **Assumption of Risk.** We have been informed of and agree that the Activities are inherently dangerous and that while participating in the Activities we could sustain serious personal or property damage, including but not limited to injuries, contact or harassment by third parties, illness, disability or even death (“Damages”) because of the actions, inactions, or negligence of others, conditions of facilities or equipment used. Damages may also be sustained due to COVID-19. I understand that we may become exposed to or infected with COVID-19 despite reasonable efforts by PLL and/or its partners to mitigate such dangers. I acknowledge the extremely contagious nature of COVID-19 and that a contact sport may increase our likelihood of contracting COVID-19. We also agree there may be other risks known or unknown to me or not reasonably foreseeable at this time. I further agree that any Damages sustained by me or my minor child is not the responsibility of the PLL, its affiliates, agents, employees, contractors, shareholders, officers, directors, or its partners except to the extent of its or their criminal acts or willful misconduct. **WE EXPRESSLY ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, INHERENT OR NOT, AND WHETHER DESCRIBED, ASSOCIATED WITH THE ACTIVITIES.**
2. **Physical Clearance Recommended**. We further understand that it is recommended that my minor child consult with a physician and receive a physical examination prior to participating in physical activity such as lacrosse. I do hereby declare my minor child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent or impair my minor child’s participation in any of the Activities. I acknowledge that my minor child has either had a physical examination and has been given physician’s permission to participate, or that I have decided to allow my minor child to participate without the approval of a physician, and do hereby assume all risk and responsibility for such actions.
3. **Release and Waiver of Liability. I, on behalf of myself, my minor child, personal representatives, heirs, executors, administrators, agents and assigns, HEREBY RELEASE, WAIVE AND DISCHARGE PLL (INCLUDING ITS AFFILIATES, MEMBERS, OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS, AGENTS, REPRESENTATIVES AND VOLUNTEERS) AND IT’S PARTNERS (INCLUDING ANY LEASED VENUE OPERATORS) (COLLECTIVELY, THE “RELEASED PARTIES”) FROM, AND COVENANT NOT TO SUE THE RELEASED PARTIES FOR ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, OR JUDGEMENTS OF ANY KIND (INCLUDING ATTORNEYS’ FEES), ARISING IN CONNECTION WITH:**
	* **ANY DAMGES (AS DEFINED ABOVE) THAT OCCUR TO ME, MY MINOR CHILD, OR ANY OTHER PERSON, OR TO ANY PROPERTY IN ANY WAY RELATED TO THE ACTIVITIES, INCLUDING DURING TRANSIT TO OR FROM THE ACTIVITIES EXCEPT TO THE EXTENT OF THE CRIMINAL ACTS OR WILLFUL MISCONDUCT BY THE RELEASED PARTIES; and**
	* **THE USE OF MY OR MY MINOR CHILD’S LIKENESS, INCLUDING WIHTOUT LIMITATION, RIGHTS OF PRIVACY OR PUBLICITY (THE “RELEASED CLAIMS”).**

The Released Claims include claims for strict liability for abnormally dangerous activities. Further, with the understanding that this waiver of all future liability for any and all claims is a material term of this Release, Waiver, and Consent, without which PLL would not have permitted me or my minor child to participate in the Activities, by signing **I expressly waive any rights I may have under statute that might limit a general release in any way.**

1. **No Medication Management**. PLL will not provide medically trained staff for purposes of administering medication and we understand that the PLL and its partners will not be liable if my or my minor child’s acts or omissions regarding medication, irrespective of whether the PLL has any knowledge of our medication needs. I agree that I have read and agree to the PLL’s Medication Management Policy.
2. **Consent to Treat Minor Child in Emergency**. If my minor child suffers from any condition that PLL believes, in its reasonable opinion, needs professional medical care and I cannot be reached, I hereby voluntarily consent to the rendering of such care, including but not limited to diagnostic procedures, surgical and medical treatment and blood transfusions by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees as to the effect of such examinations or treatment of my minor child’s condition can be provided, and that I will be responsible for all charges in connection with such care and treatment rendered during this period. I agree that PLL will not be liable in any way for any care or treatment provided and **I hereby release all claims against the Released Parties as set forth in Section 4 for purposes of any actions taken pursuant to this Section 6.**
3. **Voluntary Acknowledgement**. I have read and understand the terms of this Release, Waiver, and Consent. I am aware that this document includes a release of liability, waiver of rights, assumption of risk, and consents related to my minor child. I understand that in signing this document I may be giving up substantial rights and I sign it freely and voluntarily without coercion.
4. **Minor Child**. I certify that I have the authority to sign on behalf of the minor child and to make decisions for the minor child as set forth in this Release, Waiver, and Consent.
5. **Indemnification**. I agree to defend, indemnify and hold harmless the Released Parties from any losses, liabilities, damages, proceedings, or expenses of any kind, including attorneys’ fees, incurred by the Released Parties in connection with (i) any Released Claim, or (ii) breach by me or my minor child of this Release, Waiver, and Consent.

Parent Name:

Signature of Parent or Guardian: Minor Child Name:

Date: