



Battle of Institute Hill

Participant Waiver & Release

PARENT/GARDIAN SIGNATURE IS REQUIRED TO PARTICIPATE

In consideration of my participation in Jeff Shirk Lacrosse Camps, LLC sponsored events and activities, I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that Jeff Shirk Lacrosse Camps, LLC., along with coaches, officials, referees, volunteers, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Medical Attention: I hereby give my consent to Jeff Shirk Lacrosse Camps, LLC. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Jeff Shirk Lacrosse Camps, LLC. sponsored or sanctioned events.

Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

I have read and agree to all terms listed above.

Participants Name (Print): _____

Parent/Guardians Name (Print): _____

Signature of Parent/Guardian

Date

Virginia Military Institute is not responsible or liable for any of the activities in respect to the camp; the Camp Director is an independent contractor.