

**UNIVERSITY OF ROCHESTER
ACKNOWLEDGEMENT AND RELEASE AGREEMENT**

I, _____, am the parent or legal guardian of _____, whom I wish to participate in the Girl's Clinic Camp offered by University of Rochester Lacrosse. As a precondition to Participant participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the reverse side of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily allow Participant to participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that Participant may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees").

2. Liability Release. In consideration for U of R allowing Participant to participate in the Activity, I agree I and Participant will not sue the Releasees and we hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that Participant may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. Statement of Physical Fitness. I state that Participant is physically fit and in a condition that will allow him or her to participate fully and safely in the Activity. I maintain medical insurance that covers Participant for accidents and illnesses while participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into Participant's physical fitness or ability to participate in the Activity and Releasees are relying on my statement of Participant's physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of Participant's participation in the Activity.

4. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment of Participant as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.

It is my express intent that this Agreement shall bind Participant, me and the members of our family (if any), our estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Parent or Legal Guardian (printed)

Signature

Name of Participant (printed)

Date

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

ACTIVITY DETAIL FORM

Name of Activity: 2013 Girl's Lacrosse Clinic

Date(s) of Activity: Sunday August 11, 2013

Location of Activity: Fauver Stadium, athletic fields, field house.

Description of Activity: we will be running an instructional lacrosse clinic for girls entering grades 9-12 as of the 2013-2014 school year. We will be playing lacrosse and having lunch on campus.

Various activities including, but not limited to: small sided lacrosse drills, running, full field lacrosse play, small sided lacrosse games and competitions, instructional drill play, lunch, information session, and campus tour.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below: Any injuries that could occur in the dining hall, pool, or during any other time during the camps scheduled hours. Any potential injuries related to playing girl's lacrosse on a recreational or competitive level.