

**PUBLIC SCHOOL SHOWCASE @ UMASS
WAIVER FORM**

Each of the undersigned hereby states: 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 tournament or lacrosse event. I agree on behalf of myself, my heirs, and personal representative that the Gorilla Classic, LLC, the Public School Showcase and their members, owner, director, agents, employees and volunteers (collectively the "Covered Parties) shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my participation in the Public School Showcase or any activities relating to the Gorilla Classic LLC, or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have liability whatsoever as a result of or in connection with my participation in the Public School Showcase; I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; and I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to the Public School Showcase, the owners and operators of the Gorilla Classic LLC, and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in activities related to the Public School Showcase/Gorilla Classic LLC. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Health Insurance: _____

Policy #: _____