



## Lady Vipers Lacrosse

### Parent/Guardian/Player Consent

I hereby give my consent for my child to participate in the Lady Vipers Girls' Lacrosse Organization (the Club). This includes, but is not limited to, practices, games, travel with the coach and/or team representatives, and other sponsored events. I agree that my child will abide by all lacrosse club rules and the team code of conduct.

**Assumption of Risk & Release of All Claims:** It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident or injury remains. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safe practices. However, not all injuries are preventable and SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION. The Lacrosse Team coaches, the lacrosse board, parental volunteers, the Lady Vipers Girls' Lacrosse Organization, Leander Independent School District (LISD), nor the City of Austin or Travis County assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in athletic participation. I do hereby agree to indemnify and save harmless the Lady Vipers Girls' Lacrosse Organization, its agents, employees and officers from any and all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the Lady Vipers Girls' Lacrosse Organization, its agents, employees, officers, parent-volunteers, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

**Medical Consent:** If, in the judgment of any representative of the Lady Vipers Girls' Lacrosse Organization, my child should need immediate care and treatment because of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any Physician, Athletic Trainer, Nurse, Paramedic, EMT, Hospital or organization representative. In the event of serious injury or illness, I understand that an attempt will be made by a club representative, attending Physician or Nurse to contact me in the most expedient way possible. If direct communication is not possible, the treatment necessary for the welfare of above student is authorized. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to all such diagnosis, treatment or hospital care deemed advisable. I also do hereby agree to indemnify and hold harmless the adult leader in charge, the coaches of the Vipers Girls' Lacrosse team, the Lacrosse Player/Parent Organization, parental volunteers, LISD, the City of Austin or Travis County from any claim by any person whatsoever because such care and treatment of my child.

I also agree to pay in full the registration fee unless a scholarship is approved and awarded by the Vipers Board of Directors.