



The Division 1 Experience Lacrosse Tournament Waiver Form

1. 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 the participation in a lacrosse tournament or lacrosse event. I agree on behalf of myself, my heirs, and personal representative that The Division 1 Experience, CD Lacrosse, LLC and their members, owners, directors, officers, 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 Division 1 Experience Lacrosse tournament or any activities relating to the Division 1 Experience lacrosse tournament conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my participation in the Division 1 Experience Lacrosse Tournament; 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 Division 1 Experience Lacrosse Tournament, the owners and operators of the Division 1 Experience Lacrosse Tournament 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 Division 1 Experience Lacrosse Tournament. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training and 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
2. In accordance with NCAA bylaws, I hereby acknowledge that I have paid in full to be a participant in the Division 1 Experience Lacrosse Tournament. I also acknowledge that I have not received any discount to be a participant from **Rutgers University or any person representing its athletic interests.**

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Health Insurance: _____

Policy #: _____

****Rutgers, The State University of New Jersey, is not responsible or liable for any of the activities in respect to the camp; the Camp Director is an independent contractor**