



## Texas A&M Men's Lacrosse 2008 Aggieland Classic Waiver and Hold Harmless Agreement

I, \_\_\_\_\_, understand and agree that the **2008 AGGIELAND CLASSIC** of which I am a participant involves certain risks and that regardless of the precautions taken by the Texas A&M Men's Lacrosse Club some bodily injuries may occur.

Specific risks/hazards involved in the Aggieland Classic include but are not limited to the following:

1. Vehicle accident traveling to and from the event that can result in bodily injury and personal property damage
2. Injury from practice and competition (including but not limited to broken bones, sprains, torn muscles and ligaments, contusions, abrasions, concussions and death)
3. Over-exertion injuries from activities (including but not limited to myocardial infarctions and strokes)
4. Temperature related injury (including but not limited to heat stroke, heat exhaustion, hyperthermia and hypothermia)
5. Injury from physical contact with competing sport teams and other participants, players and coaches
6. Injury from the use of sporting equipment

The likelihood of such injuries may be lessened by adhering to these safety rules or procedures:

1. Select qualified drivers for travel to and from the event/competition
2. Wearing proper safety equipment in practice and competitions
3. Following instructions given by event coordinators, coaches and the race staff
4. Following the recommendations, rules and procedures of the sports governing body
5. Promptly notifying the event coordinators or staff of any dangerous or potentially dangerous condition of which I become aware during the event

A. Knowing this information, in consideration of my participation in the Aggieland Classic, I **voluntarily, expressly and knowingly release, waive, discharge and agree to hold harmless** the Texas A&M University Men's Lacrosse Club, its representatives, officers, advisors and agents; Texas A&M University, the State, its officers, volunteers and employees; and A&M consolidated High School (herein collectively referred to as **RELEASEES**), from any and all liabilities, claims, demands, personal injury or death sustained by me while participating in any travel or activity conducted by, or under the auspices of, the Men's Lacrosse Club **including injuries sustained as the result of risks associated with this activity and/or the negligence of the RELEASEES**. I further acknowledge that the Men's Lacrosse Club, A&M Consolidated High School and the University/State are separate legal entities and should be treated as such.

B. In addition, I understand and agree the event coordinators cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I understand that **neither Texas A&M University or the Men's Lacrosse Club carry medical or accident insurance** for the activities mentioned unless I am informed otherwise. As such, I am aware that I should review my personal insurance portfolio.

By signing below, I acknowledge that I have read the foregoing waiver and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed. In addition, I acknowledge that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement, or that my legal guardian is also signing. I execute this document for the consideration expressed, with a full understanding of its purpose.

Print Name: _____	Date: _____	Date of Birth: _____
Signature: _____	ID #: _____	_____
Signature of Legal Guardian: _____		
Address: _____		
Phone #: _____		
Do you have a personal health insurance policy?      _____ Yes      _____ No		
Health Insurance Carrier and Policy Number: _____		
Please list any special services you may require due to an existing medical condition, allergy, or physical disability: _____		
_____		

<b>In case of emergency, my parent or legal guardian is:</b>		
Name: _____	Relationship to Participant: _____	
Phone: _____	Address: _____	