

**HOLD HARMLESS AGREEMENT**  
**WJU MEN'S LACROSSE CAMPS, CLINICS & EVENTS**

(Campers **WILL NOT BE ALLOWED TO PARTICIPATE** until this completed form is received!)

CAMPER NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_

(Please print neatly)

1. I am aware of the inherent dangers and risks involved in playing lacrosse including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:

- a) Being hit, struck, physically challenged or collision with other camp participants.
- b) Collision with camp facilities (floor, goal, fence etc.).

2. I agree to allow authorized camp personnel to transport my child in Wheeling Jesuit vehicles for medical reasons, airport/bus station pick-up/drop-off, evening recreation activities and/or should weather conditions delay walking to/from sessions.

3. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Wheeling Jesuit University, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the negligence of Wheeling Jesuit University.

4. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

5. I understand that Wheeling Jesuit University does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. **NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below.**

Medical Insurance Provider: \_\_\_\_\_ Policy no. \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian Date