



## Akwesasne Inter-district Lacrosse

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518-333-8419



We are hosting a Inter-District Lacrosse League that is for our children in each districts, Snye, St.Regis, Cornwall Island, and Hogan.

This is a non-competitive league which means if your child is curious to learn to play lacrosse this is where we start. There is no registration fee, there's no contract to sign, just our waivers.

League will run from June 18<sup>th</sup> to July 30<sup>th</sup>. Mind you this is our first year running our inter-district leagues so more the help the better.

We are looking for coaches, any special skills coaches, etc...

All games are outdoors and practices are Thursday and /or Friday nights.

The game days and tournament days are Saturdays.

If you are interested in playing there are registration forms available at the office in each schools. The forms can be filled out and returned back to the schools!

Lets pay some lacrosse!

Niawenkowa,

The Inter-District Lacrosse League

# Akwesasne Inter-District Lacrosse League



## Release of Liability, Waiver of claims, Assumption of Risk and Indemnity Agreement

(hereinafter referred to as the "Release Agreement")

By signing this document you will waive or give up certain legal rights, including the right to sue or claim compensation following an accident

Please Read Carefully!



The Akwesasne Inter-District Lacrosse League, the league members, local governing bodies and officials or referees, and their directors, officers, instructors, Coaches, Volunteers, Representatives, Sponsors, successors and assigns (all Hereinafter collectively referred to as the "Releasees")

### Participant Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

District: ☐ Snye ☒ Island ☐ Hogan

Position \_\_\_\_\_

Do you have equipment?

Yes

No

☐ Forward

☐ Defense

☐ Goalie

If no what do you need?

Equipment	Size	Left/ right hand
Helmet		
Gloves		
Shoulder pads		
Cleats		
Stick		

Allergies and/or

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to player: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Medical Insurance/ Health Card: \_\_\_\_\_

Hospital: \_\_\_\_\_

(Herein referred to as the "participant")

**Assumptions of risk:**

I am aware that participating in lacrosse is dangerous. Playing lacrosse exposes me to many inherent risks, dangers and hazards, including but not limited to severe brain, head and neck injuries that cause mental disability, paralysis or death by engaging in any activities or events offered by or associated with the Releases, I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. All participants are deemed to know the rules and regulations of the activities and events held by the releases. Any deviation from the rules and regulations is freely accepted by me and I accept all and fully assume all risks and liabilities associated with same.

**Release of Liability Waiver of Claims & Indemnity Agreement:**

In consideration of Releases permitting me to participate in its activities and events, and permitting me the use of its facilities and fields, I hereby agree as follows:

1. To Waive any and all claims that I have or may in the future have against the Releases and their directors, officers, volunteers, employees, instructors, coaches, agents, representatives, contractors, subcontractors, sponsors, successors and assigns. \_\_\_\_\_
2. I knowingly and freely assume all such risks, both known and unknown, Even if arising from the negligence of the Releases (as detailed in paragraph 3 below) or others, and assume full responsibility for my participation. \_\_\_\_\_
3. To release the Releasees from any and all liability for any loss, damage, injury or expense, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in activities and events offered by Releasees. \_\_\_\_\_
4. In the event I am under 18 of age (a "minor child") I will provide my parent or legal guardian's consent below and such consent serves to assume all risks as set out in the Release Agreement herein and release the Releasees pursuant to said Release Agreement. \_\_\_\_\_
5. That this agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns in even of my death. \_\_\_\_\_
6. That enetering into this release agreement I am not relying on any oral or written representations or statements made by the Releases withrespet to the safety of the activites or event, other than what is set forth in the Release Agreement. \_\_\_\_\_

**I have read this release agreement fully and understand its terms and conditions and understand that by signing this release agreement I have given substantial rights and do so sign freely and voluntarily without any inducement.**

Participant's signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*In event of Minor Child Participant: Parent/ Legal Guardian's Consent\*\***

Parent's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Terms and Conditions for Usage**

1. Prior to approval of your Generations Park Complex usage request, you and your team must agree to the following terms and conditions:
  - a. Completion of the "Applicant Release and Waiver of Liability Agreement" for the team/organization.
  - b. Completion of "Participant/Legal Guardian Waiver of Liability" for each participant.
  - c. Agree to ensure there is **ABSOLUTELY NO ALCOHOL or TOBACCO USE** on the Park premises at any time by your group.
  - d. Acknowledge that proof of insurance will be required for some events. In instances where insurance is required, Proof of Insurance must be provided **at least 72 hours prior to event**. Failure to do so may result in cancellation of event. Generations Park staff will discuss specific insurance concerns & requirements with you prior to approval.
  - e. Ensure all areas of the park are respected and maintained during use.
  - f. Acknowledge that all litter on the grounds and general clean-up of rented areas are the responsibility of the renter. For larger events, we suggest organizing a cleaning crew to come in after the event is over to clean up. If needed a dumpster is located next to the Lacrosse Box. Park staff will remove trash/recycling from the cans and replace with new bags.
  - g. Must immediately notify Generations Park staff of any cancellations. Any changes dates/times/locations must be requested and receive prior approval.
  - h. Weather and field conditions may require your event to be canceled or rescheduled, Generations Park staff will contact you to discuss alternative options.
  - i. **PARKING:** If your event requires more than 45 parking spots, you are responsible for contacting the Office for the Aging 518-358-2963, SRMT Tribal Building 518-358-2272, and/or the Diabetes Center 518-358-9667 to request permission to use their parking lots for your event.
  - j. I acknowledge that failure to uphold these terms and conditions may impact any future requests for Generations Park from my team/organization.
  - k. I acknowledge that Generations Park staff reserve the right to cancel at any time.

**Equitable time and usage will be given to all.**

**I have read and agree to adhere to the above Terms of Agreement during my scheduled time at the Generations Park Complex.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARTICIPANT/LEGAL GUARDIAN WAIVER OF LIABILITY AGREEMENT

**WARNING: FIELD AND BOX SPORTS ARE DANGEROUS ACTIVITIES. BY ENGAGING IN SUCH ACTIVITIES AS FIELD AND BOX SPORTS, OR ANY ACTIVITY THAT IS CONSIDERED HIGH RISK, THE PARTICIPANT ACCEPTS THE RISK OF SERIOUS INJURY OR DEATH.**

**THIS IS A RELEASE OF LIABILITY—YOU MUST READ AND FULLY UNDERSTAND THIS BEFORE SIGNING. IF THE PARTICIPANT IS UNDER THE AGE OF 18, THE PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address	City	State	ZIP
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Phone: (       ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby acknowledge that I voluntarily have applied to participate and use the Generations Park Complex. I understand that the act of any sport necessarily involves known and unknown risks of injury to me and other people, which includes but is not limited to death, permanent or temporary paralysis, disability, illness or disease, physical or mental damage, or other injury, as well as damage to my equipment and personal property.

Some of these risks include the risks inherent in any such sport, such as falling and coming into contact with ramps and walls, latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself, the sporting organization, officials and property owners.

I understand that the above list of risks is not complete or exhaustive and that those and other risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, disease to myself or my property or other third parties. I voluntarily agree and promise to accept and assume responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation at any time while at the Generations Park Complex. I further understand that the Saint Regis Mohawk Tribe assumes no liability for loss, damage, or any kind of injury sustained by myself or my property while using any area of the Generations Park Complex.

I therefore assume all risks associated with using the Park, even if they arise from the negligence of the Saint Regis Mohawk Tribe. My participation at Generations Park Complex is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and acceptance of risk on my legal rights.

### FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as a parent or guardian with legal responsibility for the above named participant, do consent and ratify his/her release of the Saint Regis Mohawk Tribe, and its officials and employees, and, for myself, my heirs, assigned, personal representatives and next of kin, I release and agree to indemnify the Saint Regis Mohawk Tribe, and its officials and employees from any and all liabilities incident to my minor child's involvement or participation at the Generations Park Complex as provided above, even if arising from the negligence of the Saint Regis Mohawk Tribe, and its officials and employees, to the fullest extent permitted by law. I have carefully read this release of liability and understand and fully agree with its contents.

Name of Parent/Guardian (Print)

Date of birth

***Signature of Parent/Guardian***

**Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone ( ) -