

Cardinals Girls Lacrosse Booster Club Inc.

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the **Cardinals Girls Lacrosse Booster Club, Inc.**, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in any program sponsored by the **Cardinals Girls Lacrosse Booster Club, Inc.** and or use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the **Cardinals Girls Lacrosse Booster Club, Inc.**, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above described program.

The Undersigned, the participant or parent/guardian of the above-named person, who participates in programs organized by the **Cardinals Girls Lacrosse Booster Club, Inc.**, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____, 202__.

Signature of Participant, Parent or Guardian for participants under 18 years of age:

(Title)

Name of Organization