

**INDIVIDUAL
WAIVER
& RELEASE
FORM**

**CHERRY BOMB LACROSSE, LLC
ASSUMPTION OF RISK
RELEASE OF LIABILITY
INDEMNIFICATION**

The participant would like to participate in one or more leagues, clinics, practices, games, tournaments, camps, programs and/or other activities that are sponsored by, hosted by, operated by, arranged by, or otherwise involving Cherry Bomb Lacrosse, LLC or that take place at facilities owned, leased or operated by Cherry Bomb Lacrosse, LLC (the "Activities"), including the TBAYS Keystone Complex. The participant and the participant's parent or guardian, on behalf of the participant, if the participant is under 18 years old or does not have the legal capacity to bind himself or herself to contracts (hereafter, the "Participant's Parent or Guardian, if applicable") acknowledge that (1) the Activities involve risks, including the risk of injury or death from any cause both on and off the field of play and the risk of damage, loss or theft of property and (2) the participant (and the Participant's Parent or Guardian, if applicable) are not relying on Cherry Bomb Lacrosse, LLC, TBAYS, and Grand Traverse County or any of their respective affiliated entities, commissioners, members, managers, officers, employees, agents, representatives and contractors to referee or control the Activities. Nevertheless, the participant would like to participate in the Activities, and the participant (and the Participant's Parent or Guardian, if applicable) hereby assume all risks related to the Activities, all risks related to the equipment used in connection with the Activities (even if Cherry Bomb Lacrosse, LLC has recommended or provided such equipment), and all risks related to the participant's presence at, in or near the facilities at which the Activities take place, including parking lots (and other outside areas), rest rooms, locker rooms, fields of play, warm-up areas, practice areas, concession areas, common areas, bleachers, retail areas, and all related areas (the "Facilities"). Further, the participant (and the Participant's Parent or Guardian, if applicable) release and indemnify Cherry Bomb Lacrosse, LLC, TBAYS, and Grand Traverse County Parks & Recreation and their respective affiliated entities, members, managers, officers, employees, agents, representatives and contractors from all liability (including all liability for any injury, death, or property loss or damage) resulting from or related to the Activities, the equipment used in connection with the Activities (even if Cherry Bomb Lacrosse, LLC has recommended or provided such equipment), the condition of the Facilities, and/or the participant's presence at, in or near the Facilities.

The participant (and the Participant's Parent or Guardian, if applicable) acknowledge that Cherry Bomb Lacrosse, LLC, TBAYS and Grand Traverse County Parks & Recreation (or someone with the permission of Cherry Bomb Lacrosse, LLC, TBAYS or Grand Traverse County Parks & Recreation) may take photographs or videos of the participant while engaged in the Activities or while at the Facilities for use in Cherry Bomb Lacrosse, LLC's or TBAYS or Grand Traverse County Parks & Recreation advertising or marketing efforts or other materials promoting Cherry Bomb Lacrosse, LLC or TBAYS or Grand Traverse County Parks & Recreation and the participant (and the Participant's Parent or Guardian, if applicable) grant Cherry Bomb Lacrosse, LLC and TBAYS or Grand Traverse County Parks & Recreation permission to use all such photographs or videos for those purposes and waive any right to payment or other remuneration in connection with such use.

Participant Name _____

Parent/Guardian Signature _____ Date: _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Cherry Bomb Lacrosse Tournament and Cherry Bomb Lacrosse, LLC and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

Parent/Guardian Signature _____ Date: _____