

Got Skillz Lacrosse
Assumption of Risk/Liability Affidavit

1. I understand that having passed a physical exam does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me.
2. I understand that I must refrain from workouts during medical treatment until I am discharged from treatment by a physician or a certified athletic trainer.
3. I understand and accept the risks of injury, permanent disability and death that are inherent in participating in athletic events. By signing below, I pledge to reduce these risks by keeping in the best possible athletic condition and to follow the advice of a physician, certified athletic trainer and/or coaching staff concerning the prevention, treatment and rehabilitation of athletic injuries.
4. I understand and voluntarily assume all risks inherent in the nature of this activity. I waive all claims, costs, liabilities, expenses and judgements against the Got Skillz Lacrosse Company from all claims, costs, liabilities, expenses and judgements arising out of my participation in the activity.

Insurance and Treatment Consent

5. I grant permission to the Got Skillz Lacrosse staff to hospitalize and secure treatment for myself for any athletic injuries. If the athlete is a minor, the undersigned parent/guardian grants permission to the Got Skillz staff to hospitalize and secure treatment for my son/daughter.
6. I understand that the Got Skillz Lacrosse Company maintains secondary insurance coverage for athletes and associated athletic professionals. However, the policy is a secondary medical plan and will only compensate for medical expenses after the athlete's primary insurance has been exhausted. Therefore, athletes are required to maintain their own health insurance in order to participate in athletics at activities sponsored by Got Skillz Lacrosse. Got Skillz Lacrosse's secondary policy covers illnesses and/or injuries sustained during authorized athletic events. Eligibility for reimbursement is determined by the insurance company in coordination with the Got Skillz Lacrosse staff.
7. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made to contact the parent/guardian in the most prompt manner possible. In the event that I cannot be reached, the treatment necessary for the best interest of the athlete may be given.

I, the undersigned athlete, having read and understood the preceding medical policy statement, agree to follow its procedures and hereby give consent and hold harmless Got Skillz Lacrosse Company.

Signature of Athlete

Date

Name of Athlete (Please print)

Signature of Parent or Guardian (if student-athlete is under the age of 18)

Date