

**ASSUMPTION OF THE RISK, INFORMED CONSENT, RELEASE OF LIABILITY,
AND INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in the high-risk sport of lacrosse through Camillus Youth Lacrosse Association, Inc. (hereinafter "CYLA"), the undersigned hereby acknowledge(s) that:

1. Participation in the high-risk sport of lacrosse may expose my child/myself/those residing in my household to the virus SARS-CoV-2 otherwise known as COVID-19 (hereinafter "the virus");
2. Symptomatic and asymptomatic individuals can spread the virus;
3. Masking, distancing and other mitigation measures reduce, but do not eliminate the risk of contracting the virus;
4. Contracting the virus can lead to serious medical conditions and possibly death for people of all ages;
5. At present, it cannot be predicted who will become severely ill if infected;
6. The long-term effects of the virus are, at present, unknown; even people with mild cases may experience long-term complications;
7. There is significant risk of transmission of the virus to those in the home of an infected person;
8. Older people and people with underlying health conditions are at a higher risk of serious disease as a result of contracting the virus;
9. It is understood that CYLA cannot guarantee that I or my child will not come into contact with or become infected by the virus;
10. The mere physical presence at lacrosse activities could increase the risk of exposure and/or infection by the virus;
11. As a condition precedent to my/my child's participation in the high-risk sport of lacrosse, I/we shall fully cooperate and participate in any case/contact investigations and shall comply and adhere to all isolation/quarantine requests if indicated; and
12. I/my child shall comply with all health and safety rules imposed by CYLA.

By signing this agreement, I on behalf of myself and/or on behalf of myself and my minor child identified below, acknowledge the contagious nature of the virus and voluntarily assume any and all risks, that my child and/or I may be exposed to or infected by the virus by attending or participating in the lacrosse activities of CYLA and that such exposure and/or infection may result in personal injury, illness, permanent disability, and/or death. Notwithstanding the risk of exposure and infection, and the enumerated risks more fully set forth above, my minor child/I wish to voluntarily participate in lacrosse activities offered by CYLA.

The lacrosse activities offered by CYLA include, without limitation, practices and other training, games, team activities, and possibly travel to facilities which are not under the control of CYLA. I/we understand that although CYLA has taken precautions to provide proper organization, supervision, instruction and equipment for the lacrosse activities, it is impossible for CYLA to guarantee absolute safety from exposure and/or infection by the virus.

I/we understand that the risk of becoming exposed to or infected by the virus through participation in lacrosse activities includes the risk arising out of or related to the actions, omissions, and/or negligence of myself and others, including, but not limited to, CYLA and Onondaga County, and their respective directors, officers, employees, agents, volunteers, representatives, and participants.

I/we voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any exposure to and/or infection by the virus and/or any injury to myself or my minor child, including but not limited to personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind that I/my child may experience or incur arising out of or in connection with my/my child's participation in the practices, activities, and competitions of the high-risk sport of lacrosse through CYLA.

I hereby release, waive, covenant not to sue, discharge and hold harmless CYLA and Onondaga County and their officers, directors, employees, agents, volunteers, representatives and program participants of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind, including illness, injury, disability or death arising out of, caused by or relating or in any way related to exposure and/or infection by the virus through participation in any lacrosse activities (the "Released Claims"). I understand and agree that this release and waiver of claims includes any claims based on the actions, omissions, or negligence of CYLA and/or Onondaga County and their respective directors, officers, employees, agents, volunteers, representatives, and participants whether the virus exposure and/or infection occurs before, during, or after participation in any lacrosse activities.

To the fullest extent permitted by law, I hereby agree to defend, indemnify, and hold harmless, including attorney's fees, CYLA and Onondaga County, their officers, directors, employees, agents, volunteers, representatives, and program participants and their immediate families from all liabilities, claims, actions, damages, costs and/or expenses of any kind arising out of or relating to any exposure and/or infection by the virus as a result of my/my child's participation in the high-risk sport of lacrosse through CYLA.

I further acknowledge my responsibility not to play or practice or to allow my child to practice or play if either I or my child is exhibiting symptoms of the virus. If, however, I observe any symptoms during my or my child's participation or presence at a game or practice, I will remove myself or my child from participation and bring such to the attention of my coach or team official immediately.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTANT THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Child Athlete's Printed Name

Parent/Natural Guardian/Coach/Volunteer Signature (Required)

Printed Name of Parent/Guardian/Coach/Volunteer

Date