

**Conestoga Girls Lacrosse team  
invite you to attend their**

***Fall Fest  
Lacrosse Clinic***

**Sunday, October 12th at Conestoga High School's  
Teamer Field**

**Open to Kindergarten through 4th grade**

*The Clinic will be \$25 for grades 1-4 and \$20 for Kindergartners ,all  
proceeds will be to support  
**Conestoga Girls Lacrosse Team***

*Please contact Conestoga Booster club to register: [kscott510@aol.com](mailto:kscott510@aol.com)*

**Please email your daughters name and grade**

**Schedule:**

**1PM to 2:00PM: Kindergarten  
1:00PM to 3:00PM: 1st through 4th grade  
Registration will open at 12:30**

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**Release of Liability for Minor Participants:**

The risk of injury to my child from the activities involved playing lacrosse can be Significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and,

I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Conestoga High School and Pioneer Quix Stix, Inc. its directors, officers, officials, agents, employees, volunteers used to conduct the event ("Releases"), with respect to any and all injury disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from negligence of thereleases or otherwise, to the fullest extent permitted by the law.

I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above Releases from

any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

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

**Print Player Name**

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**Parent Signature** \_\_\_\_\_ **Date**

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**Please bring a check for \$20 or \$25 made out to Lady Pioneer Booster Club as well as this signed release to check-in.**