



KENNESAW STATE UNIVERSITY

Dear KMHS Girls Lacrosse,

Are you looking for a way to help your team prepare for this upcoming season? Kennesaw State University is very excited to announce their first annual Women's Lacrosse Clinic! This clinic will be an excellent way for each of your athletes to brush up on their skills in time for tryouts! Also, you are welcome to come to the clinic for free where you will have the opportunity to review the new rule changes for 2012 with GHSA officials. The clinic will be held on Sunday, January 29th from 1:00 to 4:00 PM. Registration begins at 12:30 PM. The cost for the clinic is \$40. Please pass along the attached flier and waiver form to your players. We have also included links to our website and Facebook page below.

Website: <http://freeteams.net/ksuwlax/>

Facebook Page: <http://www.facebook.com/pages/KSU-Womens-Lax-Winter-Warm-Up-2012/286840678017312>

If you have any questions or concerns please feel free to contact us at this email address:

ksuwomenslax@gmail.com

Thank You,

Kennesaw State Women's Lacrosse Officers

Also, the Kennesaw State Men's Lacrosse Team will be hosting a clinic on January 21st!

KSU Women's Lacrosse Winter Warm Up Clinic

Sunday, January 29, 2012



The Kennesaw State Women's Lacrosse Team would like to invite you to our first annual Winter Warm-up. This clinic will get you prepared for the fast approaching spring tryouts and the upcoming lacrosse season. This is a wonderful way to brush up on your skills and get insights from collegiate level players.

WHO: All players, Grades 9-12

WHEN: Jan. 29, 2012. Check-in begins at 12:30 PM, Clinic from 1:00-4:00 PM

WHERE: KSU Owl's Nest (across from soccer stadium); Clinic will be on the turf fields
Address: 3220 Busbee Drive Kennesaw, GA 30144

COST: \$40.00

REGISTRATION: Please mail registration form, waiver and payment by **Jan. 21** to the KSU Women's Lacrosse Club. *Make checks payable to KSU Women's Lacrosse* Instead of paying with a check you may also use PayPal.

Mail Registration, Waiver and Payment to:

KSU Women's Lacrosse Club
1000 Chastain Road MD 7901
Kennesaw, GA 30144
Attn: KSU Club Sports

Or

Mail Registration and Waiver and use PayPal for online payment. Indicate participant's name in the comments.
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=M2B29CP236V8G

Check us out on Facebook at <http://www.facebook.com/pages/KSU-Womens-Lax-Winter-Warm-Up-2012/286840678017312>

Or Visit our website at <http://freeteams.net/ksuwlax/>

Coaches! You are welcome to come to the clinic for **FREE**. You have the opportunity to review the new rule changes for 2012 with GHSA officials. These officials will also be available to go over rules questions you may have. Do not miss the opportunity to talk with high school and youth officials. If you plan on attending please email KSUWomensLax@gmail.com.

-Please print neatly and complete ENTIRE form-

Name: _____ Age: _____ Grade: _____

Level of Play (circle one): Beginner JV Varsity Years Played: _____

Position(s): _____ Email: _____

Emergency Contact Info

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Please note that you are not completely registered until you receive a confirmation email from KSUWomensLax@gmail.com*





**Kennesaw State University
Event Waiver and Release**

Participant Information: (Please PRINT)

Name: First: _____ M.I. _____ Last: _____
Date of Birth: _____ Emergency Phone Number: _____

Event Information:

Event: _____ Date: _____
Host: Kennesaw State University

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

**Adult: 18 Years or Older
Minor: Under 18 Years of Age at Date of Event**

LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

I, the undersigned below, in consideration of my and/or my child’s or ward’s participation in the Event(s) referenced above, and any related activities thereto (separately and collectively, the “Event”), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my or my child’s or ward’s participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, and various injuries to the body, and I freely assume on my own and/or my child’s or ward’s behalf all risks incidental to such participation.

In consideration of my and/or my child’s or ward’s participation in the Event and in my own and/or my child’s or ward’s behalf, and on behalf of my and/or my child’s or ward’s heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my or my child’s or ward’s participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I, for myself and my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the “Released Parties” are: Kennesaw State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my name.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia;

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.

Date: _____

Print Name of Participant (if 18 or over)
or Parent (if Participant is under 18)
or Court Appointed Guardian:

Signature of Participant (if over 18)
or Parent (if Participant is under18),
or Court Appointed Guardian:
