LACROSSE HELMET WAIVER FORM

The safety of student athletes while participating in the lacrosse program at St. John’s Preparatory School (“the School”) is the School’s top priority. Any player who chooses to use his own lacrosse helmet (and his parent and/or guardian if he is under 18 years of age) must sign this waiver and acknowledge and certify to the following:

- I understand that, in order for the School to permit me to use my privately purchased helmet, the helmet must bear the “meets NOCSAE standards” seal and bear the word “NOCSAE.” I acknowledge that, if my helmet does not bear the “meets NOCSAE standards” seal and/or the word “NOCSAE,” I will not be permitted to participate in any practice, contest, or game.

- I understand that the School recommends that any privately owned helmet be sent to a NOCSAE licensed agency every two years for reconditioning, testing, and recertification in accordance with NOCSAE standards. I also acknowledge that the School recommends that any privately owned helmet be inspected annually, and any damaged and/or defective helmet be sent to a NOCSAE licensed agency for reconditioning, testing, and recertification upon discovery of the damage and/or defect.

- I acknowledge that the School has the right to inspect my helmet before my use for compliance with the foregoing criteria and for items including, but not limited to, damage to the helmet shell or liner, cracks, holes, loose hardware, and/or loose face masks.

- I acknowledge that the School has the right to prohibit the use of my privately purchased helmet in the event the School determines that my helmet does not meet the foregoing criteria or is otherwise deemed by the School to be unsafe and/or improper for my use.

- I understand and acknowledge that no helmet can prevent all head or neck injuries a player might receive while participating in any practice, contest, or game. But I understand that, to minimize the risk of injury, I must wear a helmet that conforms to the foregoing criteria during all practices, contests, and games.

- I understand and acknowledge that the failure to wear or the improper or illegal use of a helmet can result in severe head or neck injuries, concussion, paralysis, or death to me and/or others.

- I remain solely responsible for my non-School-issued helmet, including but not limited to familiarity and compliance with applicable helmet warranty(ies), familiarity and compliance with NOCSAE standards, proper fitting of my helmet, reconditioning of my helmet, and/or remediation of any damage, any necessary repairs, and proper care/maintenance of my helmet as recommended by the School and by NOCSAE.
Student’s Printed Name: ____________________________

Parent/Guardian Acknowledgement (if student is under 18):

As a parent and/or legal guardian of the above-named Student, who is under 18 years of age, I hereby acknowledge all of the above and waive, disclaim, and release St. John’s Preparatory School, its parents, affiliates, Board of Trustees, officers, employees, and administrators, individually and in their official capacities, and any of its agents or independent contractors from any and all claims, costs, liabilities, expenses, lawsuits, and/or judgments related in any way to my child’s use of a privately purchased lacrosse helmet in the St. John’s Preparatory School Lacrosse program. I have carefully read and accept the above Helmet Waiver and I acknowledge that I have discussed this Helmet Waiver with my child.

Parents(s)/Guardians(s) signature:_________________________ Date:____________________

Student Acknowledgement:

As a student athlete at the School, I hereby acknowledge all of the above and waive, disclaim, and release St. John’s Preparatory School, its parents, affiliates, Board of Trustees, officers, employees, and administrators, individually and in their official capacities, and any of its agents or independent contractors from any and all claims, costs, liabilities, expenses, lawsuits, and/or judgments related in any way to my child’s use of a privately purchased Lacrosse helmet in the St. John’s Preparatory School lacrosse program. I have carefully read and accept the above Helmet Waiver.

Student Signature: ____________________________ Date: __________________

Helmet Information:

Make of helmet ___________ Date helmet purchased ___________ ID # or Model # _____________