



BREWSTER CENTRAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT
50 FOGGINTOWN ROAD, BREWSTER, NY 10509
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LACROSSE HELMET WAIVER FORM

- I understand that in order for the District to permit me to utilize my privately purchased helmet during the Spring Lacrosse Season (during practices, scrimmages, and/or games), I must turn my helmet in to the District, at a time specified by the Head Coach and/or Athletic Director, for the required reconditioning and recertification by the licensed agency used by the District to recondition and test Lacrosse helmets.
- I acknowledge that the District, and/or its agents, have the right to inspect my privately purchased helmet prior to my use, for items including, but not limited to, damage to the helmet shell or liner, holes, loose hardware, and/or loose face masks.
- I acknowledge that I shall not remove any warranty labels, warning labels, logos, or stickers from any privately purchased helmet I intend to use during the season, including at practices, scrimmages, and/or games. The District reserves the right to prohibit the use of any helmets whose warranty labels, warning labels, logos, or stickers are missing.
- I acknowledge that I shall not modify, change, or alter in any way my privately purchased helmet and/or facemask, except as otherwise approved by the District.
- I acknowledge that the District reserves the right to prohibit the use of my privately purchased helmet in the event the District determines that my helmet does not meet the foregoing criteria or is otherwise deemed by the District 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, scrimmage, or game.

I understand and acknowledge that improper or illegal use of a helmet can result in severe head or neck injuries, concussion, paralysis, or death to me and/or my opponent.

I remain solely responsible for my helmet, including but not limited to familiarity and compliance with applicable helmet warranty(ies), proper fitting of my helmet, remediation of any damage and/or necessary repairs, and proper care/maintenance of my helmet as recommended by the District.

I hereby release the Brewster Central School District, Superintendent of Schools, individually and in her official capacity, the Board of Education of the Brewster Central School District, its members, individually and in their official capacities, and any of the Brewster Central School District's employees, agents or independent contractors, from any liability, claim, suit, or expense including, but not limited to, negligence, for any injury or harm which may result from my use of a privately purchased Hockey helmet for the Brewster Central School District Lacrosse program.

Student Name: _____

I have carefully read, understand, and accept all provisions of the above Helmet Waiver.

Student Signature: _____ Date: _____

Parent/Guardian Acknowledgment:

I have carefully read, understand and accept all provisions of the above Helmet Waiver and I acknowledge that I have discussed this Helmet Waiver with my child.

Parent(s)/Guardian(s) signature: _____ Date: _____

Make of helmet _____

Date helmet purchased _____

ID # or Model # _____