

WAIVER AND RELEASE

Player's printed Name: _____

Player's Address: _____

In consideration of participating in the lacrosse practices and games, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the Owner of the property, the officers, staff, coaches, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Lacrosse at this location. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Signature of Player: _____ Date _____

Signature of Parent/Guardian _____ Date _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant, authorize the property owner, the coaches and/managers and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that he or she is in good health and able to participate in the scheduled games, practices, and / or events.

Player's Primary Medical Insurance Carrier: _____

Policy Number: _____

Signature of Parent/Guardian _____ Date _____

Print Parent/Guardian Name _____

Parent/Guardian email(s) _____

Parent/Guardian Phone number(s): _____

Emergency Contact: _____