

Solanco Lacrosse Club

Waiver of Liability and Release Form

This form must be completed for each lacrosse player (athlete) and must be signed by the player's parent or legal guardian. No athlete will be allowed to participate in any league or any tournament games without this form, properly executed, and on file.

ATHLETE'S NAME (type or print): _____

ATHLETE'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for the athlete's engagement in this lacrosse league, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Recognizing the possibility of serious physical injury, including permanent disability or death and severe social and economic losses, associated with lacrosse and in consideration for Solanco Lacrosse Club, Inc. accepting the athlete for its lacrosse programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Solanco Lacrosse Club, Inc., its affiliated organizations and sponsors, their officers, volunteers, directors, members, The Solanco Lacrosse Club Board of Directors, coaches and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the athlete as a result of the athlete's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My athlete has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or emergency medical personnel (EMS) or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

I authorize athlete's photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, social media or radio coverage of the league or tournament, without compensation.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, other parent and assigns.

As the parent and natural guardian or legal guardian of the athlete, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the athlete (participant/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT) Parent or Guardian Signature Date Signed

PLAYER INFORMATION

Player's Name _____
Street Address _____ City _____ Zip _____
Email Address _____
Birthdate _____

EMERGENCY INFORMATION

Father's Name _____ Cell Phone Number _____
Mother's Name _____ Cell Phone Number _____

In case of emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relationship to Player: _____
Cell Phone Number _____

Name: _____ Relationship to Player: _____
Cell Phone Number _____

MEDICAL/INSURANCE INFORMATION

Allergies:

Other Medical Conditions:

Physician: _____

Physician Phone: _____

Medical/Hospital Insurance Company: _____

Phone: _____

Policy Holders Name: _____

Policy# _____