

Andrew G. Forsberg Memorial Tournament

Waiver/Release Parental Consent Form

My child, _____, has requested to participate in the Andrew G. Forsberg Memorial Tournament. I am fully and completely aware of the actual and potential risks inherent with participation in a lacrosse event, including the risk of catastrophic injury, paralysis, and even death as well as other types of damages and loss. I understand these risks may be caused by his/her actions or interactions and/or the actions or interactions of others participating in the Tournament. I acknowledge the nature of lacrosse tournaments and confirm that my son/daughter is in good health and proper physical condition to participate in such activity. By signing below I am knowingly and voluntarily assuming all such risks and grant permission for my child's participation. I represent that my child is covered by a health/accident insurance plan, which will be available to cover the costs of any medical expenses incurred should he/she be injured in the course of participating. I understand and agree that The South Huntington Lacrosse Club, the South Huntington Union Free School District (the "District"), The LI Outlaws and any other agents, coaches, employees, volunteers or others associated with the Tournament, (the "individuals") may not maintain liability insurance coverage and in any event shall not be liable for any injury, loss, or damage to my child or me arising out of the activities and/or events involved with the Tournament. I hereby release and waive to the fullest extent permitted by law any and all claims arising out of the Tournament and will defend, indemnify, and/or hold harmless the Tournament, the South Huntington Lacrosse Club, the South Huntington School District, the LI Outlaws and/or the Individuals for any and all claims for damages arising out of my child's participation in the Tournament and/or injury of any kind to my child or myself. I assume full and complete responsibility for obtaining proper health/accident insurance coverage.

I hereby authorize the South Huntington School District to provide medical attention should any child require it. Such medical attention includes, but is not limited to, prevention (e.g. taping or stretching), assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize and/or secure treatment, for my child in the event of an emergency.

I am the parent or legal guardian of the previously named participation player and execute this document on behalf of that individual and myself. My signature below is my acknowledgement that I have read and understand every provision of the Waiver, Release of Liability. And Indemnification Agreement and I agree to abide by it. I understand that I have given up my substantial rights by signing it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the fullest extent allowed by law.

_____ Dated _____

Signature of Parent or Legal Guardian

Home address and Telephone Number _____