



## **Parent's/Guardian's Acknowledgement and Waiver of Liability:**

I verify that my child has been checked by a licensed physician within the past year and is physically able to participate. I realize that lacrosse is a sport that involves aggressive play and physical contact, both of which can result in serious injury.

Moreover, even with headgear, lacrosse players are susceptible to head and neck injuries. I understand the inherent risk involved and I hereby do assume all risks included in my daughter's participation in such activities.

I hereby certify that my child is fully capable of participating in the sport of Lacrosse and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

I agree to allow my child to be treated/assisted by the staff of the Lassiter Booster Club, Lassiter High School and, Emergency Medical staff working the event, and area hospitals near the tournament site in the event of an injury or emergency.

In addition, I assume all risks from the participation in this tournament, and will hold harmless Lassiter Booster Club, Lassiter High School and all of the named entities affiliates, associates, volunteers, and employees, of any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in the tournament or related activities, whether the result of negligence or any other cause.

Participant Name \_\_\_\_\_  
US Lacrosse Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Email \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Club Program Team Name \_\_\_\_\_