

Somers Boys Youth Lacrosse Tournament - Team Waiver

Team Name: _____ Grade/level: K-2 3/4 5/6 7/8

I certify that all my players are members of US Lacrosse & are familiar with Somers Tournament rules.

Coach: _____ Phone: _____

Coaches signature: _____

AGREEMENT: I acknowledge, agree to and understand that:

1) READINESS TO COMPETE: Voluntarily and of my own free will, I elect to participate as a player in the Somers 2014 Boys Youth Lacrosse Tournament. I believe I am physically and psychologically prepared to compete.

2) MEDICAL ATTENTION: I hereby give my consent to the Somers Youth Sports Association to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities.

3) WAIVER & RELEASE OF LIABILITY: I am fully aware of and appreciate the risks associated 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 further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, Somers Youth Sports Association, and sponsors of any US Lacrosse event, along with their coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event(s). My signature below is my acknowledgment that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it

Print Player Name	Player Signature	US Lacrosse #	DOB	Parent/Guardian Signature	Cell#
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