



2019 Clash for the Cup Lacrosse Tournament Waiver

Please read and complete the following form for EACH participant on your team. No participant may play without a signed and submitted waiver.

Participant Name: _____

Team: _____

I acknowledge, agree to and understand that:

1. Waiver and Release of Liability. I am fully aware of and understand the risk, to my child including risk of bodily injury, paralysis, or death, as well as other damages and losses associated with participation in a lacrosse event. I further understand that my child's participation is voluntary and will involve moderate to heavy physical activity. I further agree on behalf of my child, myself, heirs, and personal representatives, that Manheim Township Boys Youth Lacrosse Association, the host organization, Manheim Township School District, Manheim Township Athletic Complex, and sponsors of Clash for the Cup, along with the 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 Clash for the Cup.
2. Acknowledgment. To my knowledge, my child is not affected by a physical condition or disability that would permit him/her from safely participating in this event. BY SIGNING, I AM GRANTING PERMISSION FOR MY CHILD TO PLAY IN THE CLASH FOR THE CUP LACROSSE TOURNAMENT. AS A PARTICIPANT, I AGREE TO THE ABOVE & AGREE TO PLAY BY THE RULES OF THE TOURNAMENT, AND I UNDERSTAND THAT OFFICIALS RESERVE THE RIGHT TO EJECT PLAYERS FROM THE GAME AND/OR SCHOOL PROPERTY DUE TO ROWDINESS OR DISRESPECTFULNESS WITHOUT REFUND OR FEES PAID. EVENT ORGANIZERS ARE NOT RESPONSIBLE FOR DETERMINING EACH PLAYER'S ELIGIBILITY.
3. Photograph and Video Consent. I hereby give my permission for my child to participate in any photographs or video taken for publicity, marketing or sales purposes.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone Number (player): _____ Date of Birth: ____/____/____

Phone Number (parent/guardian): _____ Jersey Number _____