



## **"Capital City Lacrosse" Waiver Form**

### **May 22 – July 19, 2010**

**(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE)** In consideration of my participation in the Ryquin Lacrosse "Capital City Lacrosse Team," I agree to the following:

**Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Ryquin Lacrosse, US Lacrosse, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, 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.

**Medical Attention:** I hereby give my consent to Ryquin Lacrosse, US Lacrosse and the host organization of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the Ryquin Lacrosse "Capital City Lacrosse Team."

**Readiness to Compete:** I will only participate in those lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(PLAYER, COACH, STAFF, ETC.)

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD\*\*\*\***

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any Ryquin Lacrosse or US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



2010 Capital City Lacrosse

## **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

US Lacrosse #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**REQUIRED: I have attached a print-out or photocopy of my US Lacrosse Card with expiration date shown.**

## **EMERGENCY CONTACT PERSON**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_