



"Ryquin Lacrosse" Waiver Form

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation with Ryquin Lacrosse, 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 any sanctioned lacrosse 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.

I also give permission for my photo and name to be used by Ryquin Lacrosse for promotional and advertising purposes. _____Initial

Medical Attention: I hereby give my consent to Ryquin Lacrosse, US Lacrosse and the host organization of any US Lacrosse recognized or any sanctioned lacrosse 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 with Ryquin Lacrosse.

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: _____



EMERGENCY CONTACT INFORMATION

PLAYER INFORMATION

Name: _____

Email: _____

Phone: _____

US Lacrosse #: _____ **Exp Date:** _____

(I have attached a print-out or photocopy of my US Lacrosse Card with expiration date shown. This is required for verification).

Health Insurance: _____

Policy #: _____

EMERGENCY CONTACT PERSON

Name: _____

Phone: _____

Relation: _____