



# CRIMSON LACROSSE

sponsored by



## *Crimson Fall Classic – Team Tournament 2009*

PLAYERS NAME \_\_\_\_\_ TEAM NAME \_\_\_\_\_

PLAYERS EMAIL ADDRESS \_\_\_\_\_

### WAIVER OF LIABILITY

In consideration of participating in the Crimson Fall Classic, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Crimson Lacrosse and the Crimson Fall Classic, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player's participation in the Crimson Fall Classic.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

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

### TREATMENT/MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of Crimson Lacrosse and Crimson Fall Classic and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my son.

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

Health Insurance Company \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_