



2018 TOP CHEESE EMERGENCY MEDICAL FORM, WAIVER & PHOTO RELEASE

ASSUMPTION OF RISK, WAIVER, RELEASE OR LIABILITY & COVENANT NOT TO SUE

Return completed form to the Kettle Moraine Lacrosse Club Tournament Director on or before your first game.

I ACKNOWLEDGE THAT I HAVE READ THE BELOW ASSUMPTION OF RISK, WAIVER, RELEASE OF LIABILITY AND COVENANT NOT TO SUE. I FULLY UNDERSTAND ITS TERMS AND AGREE TO ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS IN SIGNING IT.

Specifically, I affirm that I know, understand and appreciate the inherent risks of the activities organized, administered, sponsored by or associated with the Kettle Moraine Lacrosse Club. I affirm that I am voluntarily participating, or my minor is voluntarily participating, in the Activity and further acknowledge that I know, understand and appreciate the INHERENT RISKS of any Activity or Activities. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS, WHETHER FORSEEABLE OR NOT, AND ALL RESPONSIBILITY FOR ANY LOSSES, COSTS, EXPENSES, LIABILITIES AND DAMAGES that may be incurred as a result of or in connection with my, or my minor child's, participation in any way in any Activity.

In consideration of being allowed to participate in the Kettle Moraine Lacrosse Club Top Cheese Classic Tournament and related activities, I, the undersigned, or I, the parent of my named minor child(ren) and on behalf of the child(ren), do hereby understand everything as stated.

I SIGN THIS AGREEMENT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OR ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS AND LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY TERM OR CONDITION HEREIN IS HELD TO BE INVALID OR UNENFORCEABLE FOR ANY REASON, THAT ALL OTHER TERMS AND CONDITIONS HEREOF SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANTS PHOTO & LIKENESS PERMISSION:

I hereby authorize Top Cheese and KM Lacrosse and all its affiliates the right to take photographs of me and my property in connection with any event related to the Top Cheese Classic Tournament. I authorize Top Cheese to copyright, use and publish the same in print and/or electronically. I also agree that they may use such photos of me with or without my name for any lawful purpose. I have read and understand the above.

Staff Information: Teams are permitted to have a maximum of 4 adult personnel on their sideline. This includes coaches, assistant coaches, medical personnel, managers, stat keepers, camera operators, etc. ONLY 4 personnel are allowed on the sidelines regardless of their position with the team. Everyone must be listed prior to checking in.

Coach/Team Manager 1: _____

Coach/Team Manager 2: _____

Coach/Team Manager 3: _____

Coach/Team Manager 4: _____

Certification: I, _____, the Coach/Team Manager of the _____ team certify that the signatures on the following page are valid and complete and all players fall within the tournament mandated age requirements and there are no more than 25 players as listed below.

Coach/Team Rep Signature _____ Date _____

Division _____ Team _____

In case of inclement weather, scheduling conflicts, or injuries please provide the name and cell # of a Team Manager, NOT a coach that will be available at the Top Cheese Classic.

Name (print clearly) _____ Cell # _____

<u>#</u>	<u>Athlete First Name</u>	<u>Athlete Last Name</u>	<u>Jersey #</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Parent/Guardian Signature</u>
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