

# Irondequoit Invitational Participant Waiver & Release

## Signature is Required to Participate

**Applicant's Name:** \_\_\_\_\_

**Address – Street:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

In Consideration of my participation with the Irondequoit Invitational Lacrosse Tournament, sponsored events and activities, I agree to the following:

1. **Waiver and Release:** I am fully aware of and appreciate the risk, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Irondequoit Invitational Lacrosse Tournament along with coaches, officials, referees, volunteers, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss or damage occurring as a result of my participation in the event.
2. **Medical Attention:** I hereby give my consent to Irondequoit Invitational Lacrosse Tournament 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 Irondequoit Invitational Lacrosse Tournament activities.
3. **Readiness to Compete:** I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

### ***Participant Under Age 18***

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Wavier & Release section above for permitting my child to participate in any Irondequoit Invitational Lacrosse Tournament sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph One.

### ***Signature of Parent/Guardian***

Medical Treatment Authorization: I/We, being the legal guardians of the above applicant authorize Irondequoit Invitational Lacrosse Tournament and its agent's permission to request medical treatment as necessary to insure the well-being of our dependent.

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

**Date:** \_\_\_\_\_