



Player Name: _____

Consent to Treat

This is to certify that I, _____, as parent or guardian of _____, give my consent to Vibe Lacrosse, LLC, Madtown Lax, and/or our team’s coaches and representatives to obtain medical care from any licensed physician, medical care provider, hospital, or clinic for the above mentioned athlete, for any injury that could arise from, or during, participation in the game of lacrosse, or while under their supervision.

Parent/Guardian Signature _____ Date _____

In Case of Emergency

In Case of Emergency during the scheduled event or practice please contact:

Parent/Guardian _____

Home Phone # _____ Work # _____ Cell Phone # _____

Emergency contact (if parents/guardian unavailable)

Name: _____ Relationship: _____

Home Phone # _____ Work # _____ Cell Phone # _____

Waiver and Medical Release

Each of the undersigned hereby states: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages associated with my child’s participation in a full contact lacrosse tournament, clinic, practice, game, camp, program and/or other activities that are sponsored by, hosted by, operated by, arranged by, or otherwise involving Vibe Lacrosse, LLC, Madtown Lax. I certify that my child is in good mental and physical condition. My child and I understand the inherent risks associated with playing lacrosse and we also understand the inherent risks of participating in this tournament.

I agree on behalf of myself, my heirs and my personal representatives that Vibe Lacrosse, LLC, Madtown Lax and their owners, directors, officers, agents, employees, volunteers, and training staff (collectively the “Covered Parties”) shall not be held liable for any injury, damage to personal property, loss of life, or other loss or damage as a result of my child’s participation in lacrosse events or activities relating to participation with Vibe Lacrosse, LLC, Madtown Lax or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my child’s participation in any event relating to participation with Vibe Lacrosse, LLC, Madtown Lax. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to Vibe Lacrosse, LLC, Madtown Lax its owners and operators and all other Covered Parties to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child’s participation in activities related to Vibe Lacrosse, LLC, Madtown Lax. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on voluntary basis shall be covered by the waiver and release set forth in this paragraph.

Parent/Guardian’s Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____