

2020 Irish Skirmish Participation Waiver

In consideration of _____ participation in the Irish Skirmish Lacrosse
(Name of Participant)

Tournament and by signing below, I as parent/legal guardian agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risk of catastrophic injury, paralysis, or 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 my self, my heirs, and personal representatives, that the tournament organizer, facility owner, Central Bucks Athletic Association, along with coaches, referees, volunteers, employees, agents, sponsors, officers and directors of any organization involved in this event, shall not be liable for an injury, loss of life or other damage of any kind associated with my (or my dependents) participation in this event.

2. Medical Attention: I hereby give my consent to the tournament organizer and on-site medical personnel, if any, to provide through a medical staff of its choice, customary medical or athletic training, transportation, and emergency medical services as warranted in their sole and absolute discretion in the course of my participation.

3. Readiness to Compete: I certify that I (or my dependent) will only participate in those competitions or activities that I believe that I, he or she are physically and psychologically prepared to participate in.

4. Legal Guardian - As legal guardian of a participant (or dependent), I hereby verify that by checking the box on this registration page, I have fully read and understand each of the conditions above for permitting my child or dependent to participate in this event, and I accept each of the conditions, particularly the waiver and release set forth in Paragraph 1.

Team Name/ Division

Signature of Legal Guardian

Date Signed