

**Mercer Island Women's Lacrosse Club**  
**Medical Consent, Release, Waiver and Indemnity**  
**(Parental Consent for Minor)**

I certify that as parent/guardian, I have enrolled my child/ward in the Mercer Island Women's Lacrosse Club's lacrosse program (Lacrosse Program or Program). I am signing this Medical Consent, Release, Waiver and Indemnity (Release and Waiver) on my own behalf and on behalf of my minor child/ward.

By enrolling my child/ward in this Lacrosse Program, I certify that she is in good health and is able to participate in all activities associated with this Program. I certify that she and I are cognizant of all of the inherent dangers of participating in lacrosse. I further certify that she will to the best of her ability play under control and avoid injury to herself and others playing the game. I understand that she will not participate in this Program if she is under the influence of drugs or alcohol or if there are any other physical conditions that may impair her ability to understand instructions or to participate without creating risk to herself or to others.

For and in consideration of permitting my child/ward to participate in this Lacrosse Program, I hereby assume all risks associated with my child/ward's participation in any activities associated with the Lacrosse Program. On behalf of myself and my minor child/ward, I agree to waive all claims, causes of action or other demands, including claims based on negligence, against this Lacrosse Program, its sponsors, subcontractors, directors, officers employees, agents, volunteers and /or instructors arising out of my daughter's participation in the Program. If a claim is asserted against the Lacrosse Program based on my child/ward's actions when participating in any activity associated with the Program, I agree to hold the Program, its sponsors, subcontractors, directors, officers employees, agents, volunteers and /or instructors harmless from any and all resulting liability, actions, causes of action, claims demands of every kind and nature.

I authorize all first aid, medical care, dental care, surgical procedures, and any other appropriate diagnostic or therapeutic actions as may become necessary for my child/ward when she is under the supervision of any employee, agent, volunteer or instructor of the Program. I accept full responsibility for the cost of both diagnosis and treatment for any injury or illness suffered by my child/ward while taking part in this Lacrosse Program. I agree to this medical consent and release in consideration of the opportunity for my child to participate in this Lacrosse Program.

The terms of this Release and Waiver shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family including any minors.

I further state that I am of lawful age and legally competent to agree to this Release and Waiver. I understand that the terms herein are contractual and not mere recitals. I understand that no one is authorized to alter, modify or waive any of the terms of this Release and Waiver in any way. I have agreed to this document as my own free act and if I have any doubts concerning the contents of this Release and Waiver, I will consult with an attorney.

\_\_\_\_\_  
Player Name (Print)

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date