

Pittsford Community Lacrosse Association –Medical Release Form

Effective: September 1, 2006 to August 31, 2007

I agree to the following:

1. WAIVER AND RELEASE:

I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that officers and members of the Pittsford Community Lacrosse Association and the coaches of the team I am playing on shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a lacrosse event facilitated by the Pittsford Community Lacrosse Association.

2. MEDICAL ATTENTION:

I hereby give my consent to the organization hosting the lacrosse event in which I am participating to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in a lacrosse event.

3. READINESS TO COMPETE:

I will only participate in those lacrosse events in which I believe I am physically and psychologically prepared to compete.

Signature of Participant

Date

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD:

As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the three conditions stated above.

Signature of Parent/Guardian

Date

Printed Name Parent/Guardian

Insurance Carrier

Policy #

Emergency Contact: _____
Name

Phone #