

## Medical Information, Waiver and Release – Stockton Spartan Lacrosse Club

(Please print clearly)

Player Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Parent phone (day) \_\_\_\_\_

City \_\_\_\_\_ Parent phone (home) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Parent email address \_\_\_\_\_

Player birth date Month: \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_

Policy number and/or medical record number \_\_\_\_\_

Special information regarding medical history and conditions \_\_\_\_\_

### Person to notify if parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Consent to Medical Treatment:

In case of emergency, I understand every effort will be made to contact me, my spouse, next of kin, and player's physician. In the case I cannot be reached, my spouse or next of kin are authorized to act on my behalf. In the event no one listed above be reached, I hereby give my permission to the licensed health-care practitioner selected by the coach, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver:** In consideration of your child being permitted to participate in any way in Stockton Spartan Lacrosse Club activities, clinics and camps, I as a the parent or legal guardian, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Stockton Lacrosse Club, its staff, contractors, officers and directors due to any personal injury, accidents (including death), illnesses and property loss arising from participation in the Stockton Lacrosse Club activities, clinics and camps including any negligence of the Stockton Lacrosse Club, its staff, contractors, officers and directors.

**Assumption of Risks:** Participation in Stockton Spartan Lacrosse Club's lacrosse activities, clinics and camps carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold the Stockton Spartan Lacrosse Club and its staff, contractors, officers and directors harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Stockton Spartan Lacrosse Club lacrosse activities, clinics and camps and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Parent or Legal Guardian of Minor Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Participants over 18 can sign but must have a signature of at least one parent.