



# Tigers Lacrosse

## Participant Waiver and Release of Liability

Name: \_\_\_\_\_

Address: \_\_\_\_\_ CellPhone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**WAIVER & RELEASE OF LIABILITY:** 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 participating in a lacrosse event. I further agree on behalf of myself, my heirs and personal representatives, that the Team Organizers, RHS Booster Club, Ridgefield High School, Ridgefield Youth Lacrosse, Tiger Hollow Inc. and the town of Ridgefield, with respect to the covered events, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization shall not be held liable for any injury, loss of life or other loss or damage as a result of my child's participation in a covered event.

**MEDICAL ATTENTION:** I hereby give my consent to the host organization 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 child's participation in this event.

**READINESS TO COMPETE:** I will only allow my child to participate in an event in which I believe he is physically and psychologically prepared to compete.

\_\_\_\_\_  
Primary Med Insurance Carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Policyholder

As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in this event and accept each of the above conditions, and especially the waiver and release set forth in above paragraphs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian