

## Waiver and Release of Liability

In consideration of my participation as a player for the Henderson Lacrosse Club (HLC) which includes Del Webb Middle School Players and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

**Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, The Southern Nevada Lacrosse Association (SNLA), HLC, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

**Medical Attention:** I hereby give my consent to US Lacrosse, the local host organizations (HLC and SNLA) and any other sponsors of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse recognized or sanctioned events.

**Readiness to Compete:** I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

**Code of Conduct:** I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player.

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Primary Medical Insurance Carrier: \_\_\_\_\_

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

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD:** As a legal guardian of the participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse, HLC or SNLA recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian printed name