



# 1<sup>st</sup> Annual *Salt City Shootout*

## Youth 7v7 Boys Lacrosse Tournament

Hosted by the Saline Men's Lacrosse Club

PLAYERS NAME \_\_\_\_\_ TEAM NAME \_\_\_\_\_

US Lacrosse Membership # \_\_\_\_\_

### WAIVER OF LIABILITY

In consideration of participating in the Salt City Shootout Youth 7v7 Lacrosse Tournament, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Salt City Shootout Youth 7v7 Lacrosse Tournament, the Saline Men's Lacrosse Club, and the Saline Area Schools, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player's participation in the Salt City Shootout Youth 7v7 Lacrosse Tournament.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

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

### TREATMENT/MEDICAL RELEASE AUTHORIZATION

I/we fully understand that all risks attendant to watching and/or participating in event activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian.

I/we being the legal guardians of the applicant authorize the staff of the Salt City Shootout Youth 7v7 Lacrosse Tournament and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my son.

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

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_