



Monsters Lacrosse Academy 2014 Release

WAIVER OF LIABILITY

In consideration of participating in the Monsters Lacrosse Academy, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the Monsters Lacrosse 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 arising directly or indirectly in connection with the player's participation in the Monsters Lacrosse. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. 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 _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant, authorize the staff of the Monsters Lacrosse Academy and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that he or she is in good health and able to participate in the scheduled games, practices, and / or events.

Signature of Parent/Guardian _____ Date _____

Print Parent/Guardian Name _____

email(s) _____

Player's Name _____

US Lacrosse # _____ Expiration Date _____