

2014 Centennial Summer Sizzle - July 12th-13th

Waiver of Liability

Coach/Team Manager must present at time of check-in
for each player listed on the roster

In consideration to participate in the 2014 Centennial Summer Sizzle Lacrosse Tournament, I/we _____ do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and discharge the Centennial Summer Sizzle Tournament, and all Sponsors and Organizers, Centennial Youth Lacrosse Association, and all party's officers, staff, administrators, volunteers, 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 players participation in the Centennial Summer Sizzle Tournament, whether caused by negligence or otherwise. I am fully aware 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. By signing below, I acknowledge that I have read and fully understand this form and further understand the terms herein are contractual and not a mere recital. Further, I fully understand that I, for myself or as the parent/guardian, am responsible for any and all medical expenses which may be incurred as a result of any injury resulting from participating in the tournament.

Players Name _____

Team _____

Signature of Parent/Guardian _____

Date _____

Medical Release Authorization

I/we, being the legal guardian(s), authorize the staff of the Centennial Summer Sizzle and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that the player is in good health and able to participate in the scheduled games.

Players Name _____

Signature of Parent/Guardian _____

Date _____