

Battle In The Ville 2026

Waiver & Medical Release

Player Name: _____

Address: _____

City: _____ St: _____ Zip: _____ DOB: ____/____/____

US Lacrosse # _____ Guardian/Parent Info: _____

Father: _____ Mother: _____

Home phone: _____ Father cell: _____ Mother cell: _____

Emergency Contact _____ Phone: _____

As the parent/legal guardian of _____, I request that in my absence, the minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform and x-ray treatment of the above minor. I have not been given a guarantee as to the results of the examination or treatment.

I give permission for the above-named player ("Player") to participate in the programs/events of Collierville High School Lady Dragons Lacrosse. I acknowledge, understand and agree that the Player's participation in the programs is entirely VOLUNTARY. I am permitting the Player to participate with the knowledge that there may be known and unknown risks and dangers, and I take full responsibility for the decision to permit the Player to participate. As the parent or legal guardian of the Player, I hereby ASSUME ALL OF THE RISKS AND DANGERS associated in any way with the Player's participation in the programs, whether known or unknown and whether or not specifically foreseeable. If I am not present, and if, in the judgment of the adult leader in charge, the Player needs immediate care and treatment as the result of any injury or illness, I do hereby request, authorize and consent to such care and treatment to be given to the Player by any physician or licensed health care practitioner and for the Player to be transported to such location as the adult leader may determine for such care and treatment. To the fullest extent permitted by law, I agree to and shall and hereby WAIVE AND RELEASE CSDL AND CLA AND THEIR MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS AND VOLUNTEERS from and against any and all actions, claims, losses, costs, damages, expenses and liabilities of any and every kind (including but not limited to attorney's fees) for any and all injuries to or death of the Player or any other person or damage to or loss of any property directly or indirectly arising out of or caused by or connected with or incidental to or resulting from any act, omission or NEGLIGENCE OF CSDL AND/OR CLA AND/OR ANY OF THEIR MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, VOLUNTEERS, INVITEES, CUSTOMERS, OR GUESTS, regardless of whether or not it is caused in whole or in part by a party indemnified hereunder. Further, to the fullest extent permitted by law, I agree to and shall unconditionally protect, indemnify, hold harmless, and defend CSDL AND CLA AND THEIR MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS AND VOLUNTEERS and hold each and all of them harmless from and against any and all actions, claims, losses, costs, damages, expenses and liability of any and every kind (including but not limited to attorney's fees) for any and all injuries to or death of any person or damage to or loss of property, directly or indirectly arising out of or caused by or connected with or incidental to or resulting from any of the Player's actions, omissions, or conduct, REGARDLESS OF CAUSE OR OF THE SOLE, JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF CSDL AND/OR CLA AND/OR ANY OF THEIR MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS AND/OR VOLUNTEERS.

TENNESSEE LAW SHALL APPLY TO THIS AGREEMENT AND ITS VALIDITY, CONSTRUCTION, INTERPRETATION, NEGOTIATION, PERFORMANCE, DEFAULT AND/OR ENFORCEMENT. Venue for all purposes shall be exclusively in Shelby County, TN.

Signature of parents/guardian: _____ Date: _____