

Participant Waiver & Release

Signature is required to participate

North American Minor Lacrosse Association

Participants Name: _____

Address: _____ City: _____ Zip: _____

In consideration of my participation in the North American Minor Lacrosse Association, Sponsored events and activities, I agree to the following:

Waiver & Release:

- 1 Waiver and Release: I am fully aware of and appreciate the risk, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that North American Minor Lacrosse Association (NAMLA) along with coaches, officials, referees, volunteers, employees, agents, sponsors, officers and directions of these organizations, shall not be liable for any injury, loss of damage occurring as a result of my participation in the event.
- 2 Medical Attention: I hereby give my consent to NAMLA 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 NAMLA sponsored or sanctioned events.
- 3 Readiness to compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

Signature of Participant

Date:

Participant Under Age of 18

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section above for permitting my child to participate in any NAMLA sponsored events and activities and I accept each of the conditions, especially the Waiver and Release set forth in paragraph one.

Signature of Parent / Guardian

Date

Medical Treatment Authorization:

I / We, being the legal guardian of the above applicant authorize NAMLA and its agent's permission to request medical treatment as necessary to insure the well being of our dependent.

Signature of Parent / Guardian

Date

Medical Background :

Please list any medical conditions and medications that you as the participant are currently taking:
