2016 Boston Strong Tournament Waiver

As the parent or legal guardian of the below named registrant in the Legacy Lacrosse programs, I hereby give my son/daughter permission to participate. I have read this application and the program rules and regulations thoroughly and I understand and agree to abide by all aspects of them. I understand that lacrosse is a contact sport in which injury, even serious injury, may occur and I assume all risks and hazards incidental to their participation in this program. I further release Legacy Lacrosse, its staff, affiliates, and the host facilities from all liability associated with my son/daughter's participation in this program. I understand that my registration fee is non-refundable and non-transferable, except as specifically allowed by Legacy Lacrosse. I also grant Legacy Lacrosse, its staff and designees, permission to seek emergency medical care for my son/daughter. I certify that the insurance information provided is correct and current and agree to assume all responsibility for any medical expenses incurred.

I agree that I shall provide health insurance to cover any personal injury and/or property damage sustained by the camper while participating in any activities or while on the premises of the host facilities. The undersigned assumes all responsibilities for any and all risk of damage or injury that may occur to the above named camper as a participant in any Legacy Lacrosse Lacrosse Program including practices, scrimmages, skills sessions, clinics, games, tournaments, and other activities related to the program. Additionally, the undersigned hereby releases and discharges the program, its operators, employees, agents, supervisors, instructors, and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation in the said program.

As the parent or legal guardian of the above named registrant in the Legacy Lacrosse programs, I hereby give the Legacy Lacrosse program consent to the use of my child's image for any and all purposes, including without limitation, video, still photographs, publications, and any trade or advertising purpose.

(Leave nothing blank)

Print Players Name_____

US Lacrosse _____ **Exp. Date**_____

Street Address_____

City_____ **State**_____ **Zip Code**_____

Phone number _____ **Email Address** _____

Print Parents Name_____ **Phone:** _____

Parents Signature_____ **Date**_____

Health Ins. Provider_____ **Policy#**_____