

FALL CLASSIC LACROSSE TOURNAMENT

November 9, 2014 Charlottesville VA

2014 WAIVER & RELEASE FORM

I, being the legal guardian of the individual named on this form, certify that he is in good physical condition and is capable of participating in this SEMINOLE LACROSSE, INC program. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency numbers provided. If contact with me is not possible, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge SEMINOLE LACROSSE, INC, ALBEMARLE COUNTY PUBLIC SCHOOLS, and TANDEM FRIENDS SCHOOL and its officers, staff, administrators, volunteers, sponsors and representatives and assigns for and against any and all injuries, damages, claims, actions, cause of actions, suits, judgments and demands incurred while participating in, or traveling to and from, this program. 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.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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