

**TRICITIES YOUTH LACROSSE CLUB
LIABILITY RELEASE WAIVER AND CONSENT FOR MEDICAL TREATMENT**

CONSENT FOR MEDICAL TREATMENT

I, the parent or legal guardian of the player _____,
(print player name)

hereby grant permission to Tricities Youth Lacrosse Club (TCYL) personnel to authorize and obtain medical and/or dental emergency care or treatment from a physician, hospital, medical clinic, emergency medical technician or other medical provider should the player become ill or injured while participating in lacrosse activities organized or sponsored by TCYL.

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the player, and by allowing him to participate in the TCYL program (and all related events and activities, including, without limitation, practices, games, clinics, camps, tournaments and travel), I do hereby acknowledge, and agree that:

- 1) The risk of injury from the activities involved in this program is significant. I have independently reviewed and evaluated the risks and determined that the player may participate in the program, and I assume all responsibility, with my full knowledge and acceptance of the risk.
- 2) I, for myself, and on behalf of the player, the player's successors, heirs, assigns, and personal representatives, agree that TCYL, including all participants, officials, coaches, assistants, chaperones, agents, directors, managers, members, shareholders, officers, employees, sponsors, advertisers, owners or lessors of premises used in conducting the program, are hereby released from any and all liability and claims for any injuries, disability, death, or loss or damage to person or property of any kind whatsoever, incident to the player's participation or involvement in TCYL sports programs.
- 3) The player will comply with the stated and customary rules and regulations for participation in the program. I am aware of and have disclosed any known medical conditions, allergies, or medications present in regard to the player, and release TCYL from any and all liability and claims for any injuries, disability, death or loss or damage to person or property incurred on the part of the player while participating in TCYL sports programs as a result of said medical conditions, allergies, or medications.
- 4) I authorize the use of any and all photos or any other images of the player participating in TCYL related activities for use on the website or in promotional or other materials on behalf of TCYL.

I have read the above, fully understand its terms, and sign it freely and voluntarily, both on my behalf and the behalf of the player.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date