

2019 CANBY YOUTH LACROSSE JAMBOREE – WAIVER OF LIABILITY

In consideration of participating in the 2019 Canby Youth Lacrosse Jamboree, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, absolve, indemnify, hold harmless, waive all claims against, and forever discharge Canby Youth Lacrosse, Canby Kids, Inc., Canby School District, the City of Canby and all their officers, staff, administrators, volunteers, sponsors, employees, agents and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever, including but not limited to claims of personal injury and medical costs, arising directly or indirectly in connection with the player's participation and presence in and at the 2019 Canby Youth Lacrosse Jamboree. I am fully and completely aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as all other damages and all losses associated with participation in the Canby Youth Lacrosse Jamboree and a lacrosse event. 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. I understand there is no insurance coverage provided by Canby Youth Lacrosse or anyone or anything associated with Canby Youth Lacrosse for participation and that such coverage constitutes a sole responsibility of the participant and/or the undersigned. I agree that Canby Youth Lacrosse may use, reproduce, disclose and distribute participants name and/or likeness and the information included in this registration form by Canby Youth Lacrosse. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that Canby Youth Lacrosse is relying on such acceptance in permitting participant to engage in the 2019 Canby Youth Lacrosse Jamboree.

Player's Name _____

Birthdate _____

Team _____

Parent/Guardian Contact Phone #s (1) _____ **(2)** _____

Address _____

Emergency Contact Phone #: _____

SIGNATURE OF PARENT/GUARDIAN _____ **Date** _____

PRINT NAME OF PARENT/GUARDIAN _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of this Jamboree and their agents' permission to request treatment as necessary to ensure the well-being of our dependent. I understand and acknowledge that this authorization creates absolutely no duty, obligation, responsibility or otherwise of CYL, their officers, staff, administrators, volunteers, sponsors, employees, agents, representatives or assigns to provide or authorize any medical treatment of any kind whatsoever. I understand, agree and acknowledge that said responsibility remains my sole duty, obligation, responsibility and otherwise. I certify that he/she is in good health and able to participate in the scheduled games. I understand and acknowledge that I have read, fully understand and accept the above provisions of the Waiver of Liability and that Canby Youth Lacrosse is relying on such acceptance in permitting participant to engage in the Canby Youth Lacrosse Jamboree.

SIGNATURE OF PARENT/GUARDIAN _____ **Date** _____

PRINT NAME OF PARENT/GUARDIAN _____

Health Insurance Company _____

Health Insurance Policy Number _____