

## Participant Waiver, Release, and Medical Treatment Authorization

### PARENT/GUARDIAN SIGNATURE IS REQUIRED

In consideration of my child's participation in CT City Lacrosse LLC sponsored events and activities, I agree to the following:

- 1. WAIVER AND RELEASE:** I am fully aware of and appreciate the risks, 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 CT City Lacrosse LLC, along with coaches, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in the event or arising from travel to or from the event, whether said damages, injury or loss are due to negligence or not.
- 2. MEDICAL ATTENTION:** I hereby give my consent to CT City Lacrosse LLC 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 child's participation in CT City Lacrosse LLC sponsored or sanctioned events.
- 3. READINESS TO COMPETE:** My child will only participate in those competitions or activities in which he or she believes to be physically and psychologically prepared to participate.
- I hereby authorize CT City Lacrosse LLC to utilize in any promotional materials any photograph or video taken of my child while participating in any activity involving CT City Lacrosse LLC. In addition, CT City Lacrosse is not responsible for personal items that are lost, stolen or damaged. I also understand and accept the CT City Lacrosse LLC cancellation and refund policy.

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

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Child's Name

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Parent/Guardian's Name (Please Print)

Email

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Parent/Guardian's Signature

Date

## MEDICAL TREATMENT AUTHORIZATION AND INFORMATION

I we being legal guardians of the participant, authorize CT City Lacrosse LLC and its agents permission to request medical treatment as necessary to sure the well being of our dependent. All medical expenses will be the responsibility of the participant or the participant's parent/guardian.

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Parent/Guardian's Signature

Date