



Participant: _____ Date: _____

Crystal Lake Youth Lacrosse Liability Waiver and Medical Release Form

I the undersigned (if applicant/participant is 18 years or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand the each applicant/participant will be engaging in activities that involve risk or serious injury, including permanent disability or death and severe social and economic losses: which might result not only from their own actions, inactions and negligence but action, inaction or negligence of others, the rule of play or the conditions of the premises or of any equipment used and further that there may be other unknown risks not reasonable, foreseeable at the time, assume all the foregoing risk and accept responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not sue Crystal Lake Youth Lacrosse, its members and agents, their affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, members of the Board of Directors, the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her next of kin for any and all against any claim by or on behalf of the applicant's participation in the Crystal Lake Youth Lacrosse program.

I hereby give my consent to have a coach or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment.

I also agree to save and hold harmless and indemnify each and all parties herein referred to above as release from all liability, loss, cost, claim or damage whatsoever, including death or damage to property which may be imposed upon said release because of any defeat in or lack or such capacity to act or caused or alleged to be caused in whole or in play by the negligence of the release. I have read the above waiver/release and understand that we have given up substantial rights by agreeing to proceed.

Signed Parent or Guardian: _____

Printed Parent or Guardian: _____

Relationship to Participant: _____

Medications/Medical Conditions/Allergies: _____

Health Insurance Provider and Policy Number: _____