

## Champaign County Lacrosse Club

### Medical Release

The undersigned applicant (parent / guardian, if under 18 years of age) understands that he/she will be engaging in physical activity during the program which contains and inherent risk of physical injury and the undersigned assumes the risk and releases and holds harmless Champaign County Lacrosse, its officers, trustee, agents, and employees, including and specifically all persons employed or hired by Champaign County Lacrosse to the lacrosse clinics, camps, and practices from any and all liability for personal injury or property damage arising out of applicant's participation in the lacrosse clinics, camps, and practices. I hereby grant permission for my child to attend the Champaign County Lacrosse clinics, camps, and practices.

---

Name of Player

---

Applicant's Signature (if over 18 years of age)

---

Parent / Guardian Signature

---

Email address

---

Date

---

Phone Number