

Medical Information, Waiver and Release – Davis Lacrosse Association clinic

(Please print clearly)

Player Name _____ Parent Name _____

Address _____ Parent phone (day) _____

City _____ Parent phone (home) _____

State _____ Zip _____ Parent email address _____

Player birth date Month: ____ Day ____ Year _____ Sex ____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____

Policy number and/or medical record number _____

Special information regarding medical history and conditions _____

Person to notify if parent(s)/guardian(s) cannot be reached:

Name _____ Phone _____ Relationship _____

Consent to Medical Treatment:

In case of emergency, I understand every effort will be made to contact me, my spouse, next of kin, and player’s physician. In the case I cannot be reached, my spouse or next of kin are authorized to act on my behalf. In the event no one listed above be reached, I hereby give my permission to the licensed health-care practitioner selected by the coach, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of your child being permitted to participate in any way in Davis Lacrosse Association’s lacrosse activities, clinics and camps, I as a the parent or legal guardian, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Davis Lacrosse Association, its staff, contractors, officers and directors due to any personal injury, accidents (including death), illnesses and property loss arising from participation in the Davis Lacrosse Association’s lacrosse activities, clinics and camps including any negligence of the Davis Lacrosse Association, its staff, contractors, officers and directors.

Assumption of Risks: Participation in Davis Lacrosse Association’s lacrosse activities, clinics and camps carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold the Davis Lacrosse Association and its staff, contractors, officers and directors harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in Davis Lacrosse Association’s lacrosse activities, clinics and camps and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent or Legal Guardian of Minor Date

Signature of Participant or (Parent or Guardian)/Initial Date