

**YOU WILL COMPLETE THIS FORM AS PART OF THE ONLINE REGISTRATION PROCESS. HOWEVER, IF YOU WISH TO ATTEND ANY PRE-SEASON CONDITIONING SESSIONS, AND HAVE NOT YET REGISTERED, YOU MUST RETURN THIS FORM PRIOR TO ATTENDING ANY CONDITIONING.**



## **SOUTHRIDGE LACROSSE CLUB**

14845 SW Murray Scholls Dr Ste 110 PMB 213 Beaverton, OR 97007 ♦ www.southridgelacrosse.org

### **2019 Pre-All- Season WAIVER AND RELEASE**

**Player Name:** \_\_\_\_\_ **Date of Birth/age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Parent's Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Are there any physical limitations, special circumstances, or other medical information that we should be aware of? **YES NO** (circle one). If yes, please explain:

\_\_\_\_\_

I, \_\_\_\_\_ understand I am enrolling in a program of strenuous physical activity including but not limited to weight training, and various aerobic conditioning offered by Southridge Lacrosse. I hereby represent that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this Training Program. I understand that Southridge Lacrosse has not and will not render any medical services including medical diagnosis of my physical condition. If there is any change in my physical condition, I shall immediately report this to Southridge Lacrosse. In consideration of my participation in Southridge Lacrosse Training Program, I \_\_\_\_\_ for myself, my heirs and assigns, hereby release and agree to hold harmless Southridge Lacrosse, it's employees, officers, members and agents from any claims, demands, and causes of action from my participation in the Training Program and causing my death, personal injury, property damage or loss of any kind.

I fully understand that I may injure myself as a result of my participation in Southridge Lacrosse's Training Program and I, \_\_\_\_\_ hereby release and agree to hold harmless Southridge Lacrosse, its employees, officers, members and agents from any liability now or in the future however caused, including Southridge Lacrosse's acts of negligence or omissions occurring during or after my participation in the Training Program.

I HEREBY REPRESENT THAT I HAVE READ, REVIEWED AND FULLY UNDERSTAND THE ABOVE. If I am not over the age of 18, this form is signed by my parent or legal guardian on my behalf.

**Player Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_