

# Indoor Winter Lacrosse Clinic

## 2018 PLAYER RELEASE & WAIVER FORM

### Player Information

Players Name: \_\_\_\_\_

I give permission to my child to play indoor winter lacrosse. I understand that this event ***is not sponsored*** by the Southington Lacrosse Association (SLA). I hereby accept and I release the parents and coaches who are volunteering their time to coach my registrant & any other involved parties from any claims or responsibility for injuries suffered during the indoor winter lacrosse sessions at the F.I.T. Sports Performance Center, Southington, CT. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume full responsibility for my daughter's participation. I certify that my registrant is in good physical condition and can participate in the indoor lacrosse sessions. I also authorize the coaches to request medical treatment as necessary to insure my registrant's well-being. I hereby release the coaches or parents or any other parent acting as a coach and/or any appointed coach, administrators, and other involved parties from any claims or responsibilities for injuries suffered to my registrant during the indoor lacrosse sessions. I also hereby release the parties above of responsibility for any injury or accidents occurring to my registrant as a result of traveling for stated Lacrosse activities. I knowingly assume all risks associated with participation in this indoor lacrosse event, even if arising from the negligence of the participants or others. I certify that my registrant have no restrictions on her ability to participate in any practice session or event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency/Cell # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

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