



Mid-Summer Classic & Mid-Fall Classic @UMass Lacrosse Tournament Waiver Form

1. Each of the undersigned hereby states: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse tournament or lacrosse event. I agree on behalf of myself, my heirs, and personal representative that Mid-Summer Classic, LLC, The Mid-Summer Classic Lacrosse Tournaments, The Mid-Fall Classic Lacrosse Tournaments, and their members, owners, directors, officers, agents, employees, and volunteers (collectively the "Covered Parties") shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my participation in the Mid-Summer Classic Lacrosse Tournaments, The Mid-Fall Classic Lacrosse Tournaments, or any activities relating to the Mid-Summer Classic Lacrosse Tournament or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my participation in the Mid-Summer Classic Lacrosse Tournaments or the Mid-Fall Classic Lacrosse Tournaments; I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; and I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to the Mid-Summer Classic Lacrosse Tournaments, The Mid-Fall Lacrosse Tournaments, the owners and operators of the Mid-Summer Classic Lacrosse Tournaments and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in activities related to the Mid-Summer Classic Lacrosse Tournaments or the Mid-Fall Classic Lacrosse Tournaments. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.
2. In accordance with NCAA bylaws, I hereby acknowledge that I have paid in full to be a participant in the Mid-Summer Classic Lacrosse Tournament or the Mid-Fall Lacrosse Tournament I also acknowledge that I have not received any discount to be a participant from **Providence College, St. John's University, University of Massachusetts-Amherst, its Men's Lacrosse Coaches, or any person representing its athletic interests.**

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Health Insurance: _____

Policy #: _____