



Issaquah Youth Lacrosse Parent/Guardian Medical Release and Waiver

I/We, the parent(s) or guardian(s) of the above named applicant to Issaquah Youth Lacrosse (IYL), hereby give my/our approval to said applicants participation in any and all IYL activities during the current season. I/We certify that the applicant has had a physical examination by a physician and has been cleared to participate in an aerobically intensive contact sport. I/We assume all risks and hazards incident in such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and hold harmless Issaquah Youth Lacrosse, Skyline Lacrosse Club, Issaquah Lacrosse Club, Washington Stealth, including their boards, volunteers, sponsors, supervisors, participants and any person transporting the applicant, except to the amount covered by accident or liability insurance. I/We will furnish a certified birth certificate of the applicant upon request of IYL. I/We agree to be financially responsible for any IYL equipment issued to the applicant other than normal wear and tear or breakage that may occur in practices and games. I/We certify, that to the best of my knowledge, all of the above information is accurate and correct and that any false information may be cause to disqualify the applicant.

I/We the parents or guardians of the applicant, give my/our permission for any emergency treatment by any qualified individual, necessary either on the practice fields or game fields. I/We authorize any hospital and or physician to perform emergency treatment for any injuries resulting from any authorized Issaquah Youth Lacrosse function, including transportation to and from said function. This release expires on December 31 of the year following this application

I/We the parents or guardians of the applicant understand that all games, tournaments, special team events and practices may be photographed or videotaped and give Issaquah Youth Lacrosse (IYL) My/Our permission to use photos and videos taken during IYL events and player names for team informational, educational and promotional use including publication in local, regional and national media. These photos and videos will only be used by IYL and its assigns and will not be used to promote or endorse any other organization, product or service without my express permission.

Accepted By/Date: _____

Print Name: _____

Print Address: _____