

Sammamish Shoot-Out July 2, 2011, Sammamish, WA

Players will NOT be allowed to play without Parent/Guardian signed permission on the Sammamish Shoot-Out Team Waiver or Player Waiver turned into Tournament officials prior to Tournament play.

In consideration of being permitted to participate in the Sammamish Shoot-Out and all related events and activities, the undersigned

1. Agree that the parent(s) or legal guardian(s) will require their minor participants coach or team manager to inspect the facilities and equipment to be used, and if anything is believed to be unsafe he/she should immediately advise the tournament organizers of such conditions and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Issaquah Youth Lacrosse, its affiliated clubs, their respective administrators, directors, agents, coaches, and other volunteers of the organization, individual team coaches, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, and the Sammamish Shoot-Out organizers and staff, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including permanent disability, death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. Give full permission for any emergency treatment by any qualified individual, necessary either on the practice fields or game fields, and authorize any qualified individual, hospital and or physician to perform emergency treatment for any injuries resulting from any authorized Tournament function, including transportation to and from said function. This release expires on at the conclusion of the Tournament.
6. Have provided participants team coach, assistant coach or team manager all information regarding any special needs or medical conditions knowledge of which may be necessary to ensure the health and safety of the participant.
7. Give consent to have pictures, video footage and other media taken of the participant and agree that such media is the property of Issaquah Youth Lacrosse and/or its creator and may be used at their discretion in conjunction with the Sammamish Shoot-Out and/or Issaquah Youth Lacrosse as needed without additional compensation or permission.

I/We have read the above waiver and release and understand that I/we give up substantial rights.

TEAM Name:		
Player 1 Name	Grade 2010/11	Parent Phone (mobile preferred)
Parent/Guard. Name Player 1	Parent Signature	

Player 2 Name	Grade 2010/11	Parent Phone (mobile preferred)
Parent/Guard. Name Player 2	Parent Signature	

Player 3 Name	Grade 2010/11	Parent Phone (mobile preferred)
Parent/Guard. Name Player 3	Parent Signature	

Player 4 Name	Grade 2010/11	Parent Phone (mobile preferred)
Parent/Guard. Name Player 4	Parent Signature	

Player 5 Name	Grade 2010/11	Parent Phone (mobile preferred)
Parent/Guard. Name Player 5	Parent Signature	

If needed, a team may bring separate waivers to the Tournament signed by each player's parent/guardian..