



PLAYER NAME: \_\_\_\_\_ (please print)

**Issaquah Lacrosse Club Authorization, Release and Code of Conduct Understanding  
January 2019 – December 2019**

**PARENT OR GUARDIAN AUTHORIZATION TO PARTICIPATE**

I/We, the parent(s) or guardian(s) of the above named applicant to Issaquah Lacrosse, hereby give my/our approval to said applicant's participation in any and all Issaquah Lacrosse activities during the current lacrosse season (January 2018 through December 2018). I/We certify that the applicant has had a physical examination by a physician and has been cleared to play 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 the Issaquah Lacrosse, its 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 the Issaquah Lacrosse. I/We agree to be financially responsible for Issaquah Lacrosse equipment issued to the applicant other than normal wear and tear or breakage that may occur in practices and games. I/We will reimburse the Issaquah Lacrosse for the loss and or improper damage of set equipment.

**EMERGENCY MEDICAL RELEASE**

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 Lacrosse function, including transportation to and from said function. This release expires on December 30, 2019.

**ISSAQUAH LACROSSE CLUB CODE OF CONDUCT UNDERSTANDING**

**PLAYER**

I have reviewed the IHS Student Athletic Handbook and/or the Youth and Parent Code of Contact and understand the intent of the Issaquah Lacrosse Club embracing these policies. I understand that my signature is an agreement to abide by these codes. I further understand that there will be consequences if I fail to comply.

**PARENT**

I have reviewed the IHS Student Athletic Handbook, HS Parent Guardian Code of Conduct and/or the Youth and Parent Code of Conduct and understand the intent of the Issaquah Lacrosse Club embracing these policies. I understand that by this signature my son and I have agreed to abide by these codes.

**ISSAQUAH LACROSSE CLUB PHOTO/VIDEO RELEASE**

I/We the parents or guardians of the applicant understand that all games, tournaments, special team events and practices may be photographed or videotaped. I/We give Issaquah Lacrosse Club My/Our permission to use these photos/videos along with 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 ILC and its assigns and will not be used to promote or endorse any other organization, product or service without my express permission.

Signature Acknowledgement of the Above, including Authorization to Participate, Emergency Medical Release, Code of Conduct Understanding and ILC Photo/Video Release. By signing below, we acknowledge, understand and agree with the information contained in this document.

Parent Signature

x

Parent/Guardian Signature

x

Player Signature

x