



**WHS Royals Lacrosse**  
**P.O. Box 251131**  
**Woodbury, MN 55125**  
**www.royalslacrosse.com**

**EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER**  
**Woodbury Days 2017**

Player's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Secondary Email Address \_\_\_\_\_  
Team/School \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

In case of emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL/INSURANCE INFORMATION**

Allergies: \_\_\_\_\_  
Other Medical Conditions: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_ Policy# \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER ON THE**  
**BACKSIDE OF THIS FORM.**

## **PLEASE READ CAREFULLY:**

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant, acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death and severe social and economic losses which might result not only from their own actions, inactions and negligence but the actions, inactions or negligence of others, the rules of play or the conditions of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at the time, and assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, and covenant to indemnify and not sue WHS Royals Lacrosse, its affiliated organizations and sponsors, its coaches, managers, employees and associated personnel, officers, members of the Board of Directors, agents, including the owners and lessees of premises use, all of which are hereinafter referred to as "Releasees," from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the applicant/participant as a result of the applicant/participant's participation and/or being transported. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above and release said Releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property which may be imposed upon said Releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the Releasee. I have read the above waivers/releases and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

## **PHOTO WAIVER:**

Participants or their parent (if participant is under the age of 18) permit the taking of photos, video and audio tapes during WHS Royals Lacrosse programs and events for the publication in WHS Royals Lacrosse brochures, website, advertising and use as WHS Royals Lacrosse deems necessary.

I have read the above waivers/releases and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**NOTE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**