

# FCYL Participant Waiver

**(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE)** In participation Fort Collins Youth Lacrosse sponsored events and activities, I agree to the following.

1. **Waiver and Release;** 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 event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Fort Collins Youth Lacrosse, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of the these organizations, shall not be liable for any injury, loss of life or damage occurring as a result of my participation in the event.
2. **Medical Attention;** I hereby give my consent to Fort Collins Youth Lacrosse to provide, through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Fort Collins Youth Lacrosse's sponsored or sanctioned events.
3. **Readiness to Compete;** I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.
4. **Code of Conduct:** I have read and agree to all terms in the FCYL Code of Conduct, located at [http://www.fclax.com/code\\_of\\_conduct.htm](http://www.fclax.com/code_of_conduct.htm) , especially with regard to my responsibilities as a Player.

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD;** As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any Fort Collins Youth Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

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

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel# \_\_\_\_\_