

2017 MASON FALL BRAWL LACROSSE TOURNAMENT

Insurance Waiver, Emergency Medical Care Policy, Indemnity and Hold Harmless Agreement and Discipline Policy for Mason Lacrosse Tournament

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that,

-If my child's behavior is disruptive or harmful in any way, tournament officials or referees reserve the right to expel the participant from the tournament without refund.

-By signing this form, I agree not to hold Mason Youth Lacrosse Club, coaching staff members, officials or any of their members or trustees, liable for any injuries that may occur to my child while participating in the team's activities or while on Mason Schools property.

-I authorize the coaching staff or tournament officials /staff to select and secure medical attention including any medical transport as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

- I understand there is no re scheduling of games if they are cancelled due to weather.

- I realize that Mason Youth Lacrosse Club and its organization do NOT provide insurance protection and that my child is playing at their own risk.

I _____ (PARENTS NAME)
am completing this for in regards for my child

_____ (PRINT PLAYERS NAME)

And do agree to indemnify and hold harmless MASON YOUTH LACROSSE CLUB and its board/volunteers, from and against all claims, damages, losses and expenses, including attorney's fees in case it shall become necessary to file an action arising out of performance of the work herein which is for personal or bodily injury, illness or death, or for property damage. This indemnification and agreement shall apply in all instances whether MASON YOUTH LACROSSE CLUB is made a party to the action or claim or is subsequently made a party to the action by third-party in-pleading, or is made a party to a collateral action arising in whole or in part from any of the issues emanating from the original cause of action or claim.

I have read and do understand the insurance waiver, emergency medical care policy, indemnity and hold harmless agreement and the discipline policy herein and I agree to abide by and adhere to its terms.

By: _____ (signature of parent)

Date: _____

Emergency Phone Number : _____

Medical Insurance Co. and ID# _____

US Lacrosse Member # _____