



Waverly-Lansing Catholic-Grand Ledge Waverly-St Gerard-Grand Ledge Lacrosse Team



PARENT / PLAYER ACKNOWLEDGEMENT AND WAIVER

AGREEMENT: To be signed by participant's parent or guardian, or player if 18 years old. In consideration of the participant's participation in the Waverly Lacrosse Club (hereinafter "the WLC"), I acknowledge, consent and agree to the following:

1) I, (print name of Parent or Guardian) _____ hereby represent that I am the legal Parent or Guardian of the below named participant and I have full legal authority to enter into this agreement on behalf of the below named participant.

2) **READINESS TO COMPETE:** Voluntarily and of my own free will, I allow the participant named below to participate in the WLC and I believe he/she is physically and psychologically prepared to participate.

3) **MEDICAL ATTENTION:** I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that the WLC personnel may be unable to contact me for consent for emergency care. I hereby give my consent to the administrators of the clinic to provide, through a medical staff of its choice, customary medical/ athletic training attention, transportation and emergency medical services as warranted through the course of participation with the WLC.

4) **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks associated with participation in the sport of lacrosse, including the risk of serious or catastrophic injury, paralysis and even death, as well as other types of damages and loss. I further agree on behalf of the named participant, myself, my heirs, my personal representatives and the participant's heirs, assigns, personal representatives, guardians ad litem, and/or next friends that the Waverly Public Schools, Lansing Catholic, Grand Ledge Public Schools, St Gerards, and the WLC, along with their coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of participation by the named participant in the event(s) or any activities related to the event(s), said event being defined as participation in the WLC and any activities related thereto. My signature below is my acknowledgment that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it for myself and the below named participant.

_____ has my permission to participate in the Waverly Lacrosse Club.

Print Player's Name

Signature of Parent/Guardian or Player (If 18 years Old):

Date: _____

_____ Please legibly print name of Parent /Guardian or Player (If 18 years Old)

_____ Please legibly print name of Parent /Guardian or Player (If 18 years Old)