2009 Tournament Waiver

Team Name: _____

Division: _____

Players Will NOT Be Allowed To Play Without Parents Signed Permission

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Tri-State Lacrosse athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inaction or negligence of others, the rules of play, or the condition of the promises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue TRI-STATE LACROSSE, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, individual team coaches, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leassors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. I give consent to have pictures, video footage and other similar media taken of the participant and agree that such media is the property of Tri-State Lacrosse and may be used to their discretion as needed.
6. I agree to the refund policy.

I / WE HAVE READ THE ABOVE WAIVER, RELEASE, AND REFUND POLICY AND I UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS

	Player Name (Last Name, First Name)	**Date of Birth**	**Grade** (as of 9/09)	**Emergency Phone #**	**USL # Mandatory**	**Parent/Guardian Printed Name**	**Parent/Guardian SIGNATURE**
1							
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11							
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21							
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