

PARTICIPANT WAIVER



Central Bucks Lightning Lacrosse's 2007 Irish Skirmish

In consideration of my participation in Central Bucks Athletic Association/Central Bucks Lightning 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 Central Bucks Athletic Association/Central Bucks Lightning Lacrosse, along with its coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of these organization, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
- 2. Medical Attention:** I here give my consent to Central Bucks Athletic Association/Central Bucks Lightning Lacrosse to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Central Bucks Athletic Association's/Central Bucks Lightning 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 US Lacrosse Code of Conduct , especially with regard to my responsibilities as a player.

Primary Medical Insurance Carrier:	
Policy Number:	
US Lacrosse Membership Number:	
Participant Signature:	
Date:	

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 condition for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set for tin paragraph one.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

SIGNATURE IS REQUIRED FOR PARTICIPATION. ALL ATHLETES MUST BRING SIGNED WAIVER THE DAY OF THE TOURNAMENT.

NO WAIVER, NO PLAY!