



## ATHLETE WAIVER & RELEASE OF LIABILITY

Please read carefully and be aware that by registering for and having your minor child/ward participate in the organized team sport of lacrosse, you will be waiving all claims for injuries your minor child/ward might sustain arising out of her/his participation.

I recognize and acknowledge that there are certain risks of physical injury to participants in the organized team sport of lacrosse and I knowingly assume full responsibility for my minor child/ward's participation and thus the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I do hereby forever waive, release, discharge and relinquish all claims against Synapse Sports, Inc. and its member clubs, womenslacrosse.com and its affiliated lacrosse events, its owner(s), officers, agents, employees and volunteers, insurers, successors and assigns from any and all claims, costs, expenses, liabilities, losses, damages for personal injury, disability, death, property loss or otherwise that I or my minor child/ward may have or which may accrue as a result of, arising out of, connected with, or in any way associated with her/his participation in the organized team sport of lacrosse and/or any related activities, programs, events or services.

I certify that my minor child/ward is in good physical condition and can participate in the game of lacrosse. Further, I authorize the club or event administrators to request medical treatment for my minor child/ward as necessary to insure their well-being.

I have read and fully understand the above Athlete Waiver & Release of Liability and agree to its terms in their entirety.

Athlete/Participant \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Athlete \_\_\_\_\_  
Print Month Day Year Signature

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Print Signature

Club/Team Affiliation \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

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