

# 7's For 7 LACROSSE TOURNAMENT

## January 7, 2017

### WAIVER OF LIABILITY

In consideration for receiving permission to participate in the 7's For 7 Lacrosse Tournament, I/we \_\_\_\_\_ do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and discharge the 7's For 7 Lacrosse Tournament, any and all Sponsors and Organizers, Houston Youth Lacrosse, The Friends of Drew Webb, Houston Hurricane Lacrosse Club, Dynamo Soccer SP, LLC, Dynamo Soccer LLC, Anschutz Entertainment Group and all party's officers, staff, administrators, volunteers, sponsors, representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the 7's For 7 Lacrosse Tournament, whether caused by negligence or otherwise. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. By signing below, I acknowledge that I have read and fully understand this form and further understand the terms herein are contractual and not a mere recital. Further, I fully understand that I, for myself or as parent/guardian, am responsible for any and all medial expenses that may be incurred as a result of any injury resulting from participating in the tournament.

**Participant's Name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

### **MEDICAL RELEASE AUTHORIZATION**

I/we, being the participant or his/her legal guardian(s), authorize the staff of the 7's For 7 Lacrosse Tournament and their agent's permission to request treatment as necessary to ensure the well being of myself/our dependent. I certify that the participant is in good health and able to participate in the scheduled games.

**Player's Name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_

**Health Insurance Policy Number** \_\_\_\_\_

**Date** \_\_\_\_\_