2nd Annual Salt City Shootout



Youth 7v7 Boys Lacrosse Tournament Hosted by the Saline Men's Lacrosse Club

PLAYERS NAME	TEAM NAME
US Lacrosse Membership #	
WAIVER OF LIABILITY	
above and the parent or guardian do hereby a release, hold harmless and forever discharge <u>Lacrosse Club</u> , and the <u>Saline Area Schools</u> , the representatives and assigns, for and against a demands whatsoever directly or indirectly in <u>7v7 Lacrosse Tournament</u> .	ty Shootout Youth 7v7 Lacrosse Tournament, the player named agree for ourselves, our heirs, executors and administrators, to Salt City Shootout Youth 7v7 Lacrosse Tournament, the Saline Men's neir officers, staff, administrators, volunteers, sponsors and any and all claims, actions, cause of actions, suits, judgments, and connection the player's participation in the Salt City Shootout Youth ead and understand this form and further understand the terms
Signature of Parent/Guardian	
TREATMENT/	MEDICAL RELEASE AUTHORIZATION
limited to bodily injury, are assumed by the p	to watching and/or participating in event activities, including, but no articipant and his/her parents and/or legal guardian and that this agreed to by said participant and his/her parents and/or legal
Tournament and its agents permission to requ	nt authorize the staff of the <u>Salt City Shootout Youth 7v7 Lacrosse</u> uest treatment to ensure the well being of our dependant. I certify ite in the scheduled games. I am attaching a note explaining any attention that is necessary for my son.
Signature of Parent/Guardian	Date
Health Insurance Company	Policy Number
Emergency Contact Name	Phone Number