

Lacrosse

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in Mechanicsburg HS Boys Lacrosse related events and activities, the Mechanicsburg Area High School Boys Lacrosse team engages in. The undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Mechanicsburg Area School District, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH

RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)
NAME)

(PRINT

Date Signed: _____

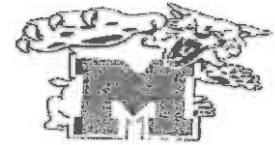
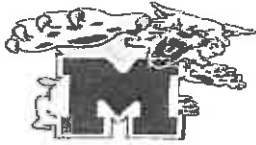
UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____



Release Statement

Involvement in athletic competition, weight training and conditioning has inherent risk of injury. Participation in these programs is at your own risk. The Mechanicsburg Area School District will not pay any medical expenses a participant may incur while involved in these programs. We advise participants to carry their own accident insurance. Should an injury occur during these events first aid will be administered and a parent or guardian will be contacted.

Player Signature _____

Parent/Guardian Signature _____

PERSONAL INFORMATION

Student's Name: _____ Age: _____ Grade: _____

Sport :

Current Physical Address:

Current Home Telephone #: ()

Current Cellular Telephone #: ()

Current Work Telephone #: ()

Parent Email:

EMERGENCY INFORMATION

Emergency Contact Person's Name: _____ Relationship: _____

Address: _____ Telephone: ()

Medical Insurance Carrier:

Policy Number:

Family Physician's Name: _____ MD or DO (circle one)

Address: _____ Telephone ()

Student's Allergies:

Student's Health Condition(s) of Which an Emergency Physician Should be Aware:

Student's Prescription Medications: