



## NoVa West Lacrosse Shootout

July 18<sup>th</sup> & 19<sup>th</sup>, 2009

### WAIVER OF LIABILITY

In consideration of participating in the NoVa West Lacrosse Shootout Tournament, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the Notre Dame Academy High School, the NoVa West Lacrosse Shootout Tournament, NoVa West Lacrosse, their officers, staff, administrators, volunteers, sponsors and 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 NoVa West Lacrosse Shootout Tournament. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

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

Team \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the NoVa West Lacrosse Shootout Tournament and NoVa West Lacrosse and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

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