

Participant Waiver & Release

Signature is required to Participate

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my involvement in The LAX Camp sponsored events and activities, I agree to the following conditions:

1. **Waiver and Release:** I am fully aware of and understand the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that The LAX Camp along with coaches, officials, referees, volunteers, employees, agents, sponsors, officers and directors of this organization, are not legally responsible for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
2. **Medical Attention:** I hereby give my consent to The LAX Camp to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as necessary in the course of my participation in The LAX Camp sponsored or authorized events.
3. **Readiness to Compete:** I will only participate in those events, competitions or activities in which I consider myself as physically and psychologically prepared to participate.

Signature of Participant

Date

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully aware of each of the conditions under the Participant Waiver & Release section for permitting my child to participate in any of The LAX Camp sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian Date

Insurance Information

Name of Applicant:

Last First MI

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Health Insurance Company

Policy Authorization Number

