



Southlake Round-Up Lacrosse Tournament 2010 Player Liability Waiver

Each Tournament participant must complete the waiver and submit to Southlake Carroll Lacrosse Association before the first game.

Team: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Player Birth Date: _____ Current Grade: _____ School: _____

Mother's Name: _____

Mother's Cell Phone: _____ Mother's E-Mail: _____

Father's Cell Phone: _____ Father's E-Mail: _____

2010 Player Liability Waiver

In consideration of my acceptance to the Southlake Round-Up Lacrosse Tournament ("Tournament"), I agree to the following:

- 1. WAIVER & RELEASE:** I am fully aware of and understand the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in an lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that the host organization(s) and the sponsor or sponsors with respect to the Tournament, together with coaches, officials, players, volunteers, employees, agents, officers and directors of the host organization(s) and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in the Tournament.
- 2. MEDICAL ATTENTION:** In the event I cannot be reached during a medical emergency, I hereby give my consent for representatives of the Southlake Carroll Lacrosse Association ("SCLA") to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services to preserve the life and well-being of Player, as warranted in the course of my participation in the Tournament.
- 3. READINESS TO COMPETE:** The above named Player will only participate in the Tournament if I believe that they are physically and psychologically prepared to compete.

4. ELIGIBILITY TO PARTICIPATE: I understand that I must give the SCLA a completed and submitted Liability Waiver before a Player is eligible to participate in the Tournament.

5. INSURANCE: I further understand that the SCLA does not provide any personal injury or liability insurance whatsoever and that I must provide at my own expense any other insurance I deem necessary.

FOR ANY PLAYER WHO IS NOT YET 18 YEARS OLD:

As Legal Parent, Guardian or Managing Conservator of this above named Player, I hereby verify by my acceptance below that I fully understand and accept each of the above conditions for permitting my child to participate in this Tournament, or its associated event(s), and accept each of the above conditions, and especially the waiver and release set forth in paragraph one.

Parent or Guardian Signature _____ Date: _____