



BOYS LACROSSE TOURNAMENT
November 20, 2011

2011 WAIVER & RELEASE FORM

I, being the legal guardian of the individual named on this form, certify that he is in good physical condition and is capable of participating in this CAPITAL LACROSSE, LLC program. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency numbers provided. If contact with me is not possible, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge CAPITAL LACROSSE, LLC and its officers, staff, administrators, volunteers, sponsors and representatives and assigns for and against any and all injuries, damages, claims, actions, cause of actions, suits, judgements and demands incurred while participating in, or traveling to and from, this program. 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.

Participant's Name:

Team Name:

Parent/Guardian's Name:

Emergency Phone #1:

Emergency Phone #2:

Medical Insurance Co.:

Policy #:

Parent/Guardian's Signature: _____

Date:

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