

Medical/Liability Release:

Player Name: _____

Recognizing the sport of lacrosse can be and often times is a contact sport with intentional and non intentional physical contact and the possibility of physical injury associated with lacrosse and in consideration for Cougar Lacrosse accepting the above named player ("the Player") for its Lacrosse program and activities ("the Programs"), I hereby assume any and all risks involved in or arising from my or my child's activities in or with the program, including, without limitation, the risks of bodily injury resulting from collision between me or my child and another person or a stationary object or a negligent or deliberate act of another. I further release, discharge and/or otherwise agree to hold harmless and indemnify Cougar Lacrosse, its affiliated organizations, sponsors, its officers, board members, coaches, volunteers, players and other associated personnel, including the owners of fields and facilities utilized for the Program, against any claim, including, without limitation, any claim which may arise out of the acts or omissions of said organization, sponsor, officer, board member, coach, volunteer, player or other associated personnel including the owners of fields and facilities utilized for the program, by or on behalf of the Player related to the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Furthermore, I grant any Cougar Lacrosse coach or assistant coach, any league representative where my child is playing, and/or any tournament representative where my child is participating in a tournament permission to act as my surrogate for my child in the area of obtaining medical treatment.

Additionally, I represent that my child has received a thorough physical examination and has been found physically capable of participating in the Program. I further represent that my child is covered under a valid medical insurance policy and acknowledge that any claim will be filed with my child's insurance carrier, which will be the primary policy, and that the insurance furnished to the Player through US Lacrosse by Bollinger Insurance, is secondary insurance only. Accordingly, I agree to assume the financial responsibility for any medical treatment for my child. I also understand that although my child has registered for US Lacrosse and Bollinger Insurance, that the insurance provided by US Lacrosse is considered secondary insurance and may only cover those expenses not covered by my child's primary insurance carrier.

I CERTIFY THAT I HAVE READ THIS RELEASE AND LIABILITY WAIVER AND FULLY UNDERSTAND ITS TERMS.

Parent/Guardian Signature: _____ **Date:** _____