

# ***Elite 180 Lax***

## **Waiver and Release of Liability**

(Signature is **REQUIRED** in order to participate) In consideration of my participation in Elite 180 Lax recruiting combine, I agree to the following:

**1. Waiver and Release:** I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and even death, as well as other damages and losses associated with the participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Elite 180 Lax and Keene State College, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable 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 consent to Elite 180 Lax to provide, through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Elite 190 Lax's sponsored or sanctioned events.

**3. Readiness to Compete:** I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

**4. Code of Conduct:** I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player.

**Participant Primary Medial Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

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**Signature of Participant**

**Date**

**For any participant who in not yet 18 years old:** As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

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**Signature of Parent/Guardian**

**Date**

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**Printed Name of Parent/Guardian**

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**Person to contact in case of emergency**

**phone number(s)**

**Mail to:** Elite 180 Lax  
P.O. Box 22  
Winchester, NH 03470

