

TOURNAMENT MEDICAL RELEASE FORM

IF PARENT OR LEGAL GUARDIAN OF A PLAYER WILL NOT BE PRESENT AT THE TOURNAMENT, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH PARTICIPANT (if over 18) OR BY A PARENT/LEGAL GUARDIAN.

I _____ (Parent/Legal Guardian's Name) certify that

_____ (Player Name) is in good physical condition and is capable of participating in this or any Lacrosse program, tournament, or event. If medical attention beyond first-aid treatment is required, I understand that an attempt will be made to contact me at the emergency number(s) provided.

EMERGENCY #: _____

EMERGENCY #: _____

EMERGENCY #: _____

If contact with me cannot be made, or the emergency is dire or life-threatening in nature, I hereby give permission for any and all medical attention to be administered to my child until I can be reached. Further, I hereby release, exonerate and discharge the tournament(s) venue, sponsors, US Lacrosse, the Utah Lacrosse Association, The American Lacrosse Association, LLC., the American LAX League, Team Utah, Inc. their board members, coaches, assistant coaches, members, managers, directors, shareholders, officers volunteers, and employees from any and all actions and for any injuries or damages incurred while participating in, or traveling to and from, this program or event.

I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parent/Legal Guardian Name: _____

Address: _____

Insurance Company: _____

Policy Number: _____

Known Medical Conditions: _____

Known Allergies: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____ Date: _____