

WARRIOR SUMMER SIZZLE LACROSSE TOURNAMENT

July 11-13, 2014

WAIVER OF LIABILITY

In consideration of participating in the Warrior Summer Sizzle Lacrosse Tournament, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Baltimore County Dept. of Rec and Parks, Cedar Lane Sports Foundation, Harford County Park and Rec Dept., St. Paul's School, the Maryland State Fairgrounds, the Warrior Summer Sizzle Lacrosse Tournament, Aloha Tournaments, LLC, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Warrior Summer Sizzle Lacrosse Tournament. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. 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.

Player's Name _____

Team _____

Signature of Parent/Guardian _____ **Date** _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Warrior Summer Sizzle Lacrosse Tournament and Aloha Tournaments and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled games.

Signature of Parent/Guardian _____ **Date** _____

Health Insurance Company _____

Health Insurance Policy Number _____