



Green Mountain Lightning

TRYOUTS WAIVER FORM

Medical Release: As the parent/legal guardian of a child enrolled in a Green Mountain Lightning sport, I hereby give consent for emergency medical care prescribed by an adult licensed physician, dentist or rescue personnel. This care may be given under whatever conditions deemed necessary to preserve the life, limb or well being of my child.

Parent/Guardian Signature:_____

Emergency contact (if parent/guardian in not reachable):

Name:_____Phone:_____

Name of Physician:_____Phone_____

Please list any known medical conditions:_____

PARENT/GUARDIAN WAIVER OF LIABILITY: I undersigned parent/legal guardian of _____, hereby give approval for my child to participate in any and/or all of the Green Mountain Lightning functions. I understand that sports activities may result in serious injuries and protective equipment does not prevent all injuries. I hereby waive, release, absolve, indemnify and agree to hold harmless the Green Mountain Lightning and their participants, sponsors, officials, players, organizations, volunteers, drivers, league officers, and any other member deemed affiliated with, for any legal claim arising from any injuries to my child, whether the result of negligence or for any other cause. I hereby represent that the attendee has been examined by a pediatrician and is physically fit to try out for Green Mountain Lightning.

I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND BY SIGNING THIS I GIVE UP SUMSTANTATIAL RIGHTS. I AGREE TO SIGN FREELY AND VOLUNTARYILY WITHOUT INDUCEMENT.

SIGNED_____Date_____