

LAXTOBERFEST PLAYER LIABILITY RELEASE FORM

I, hereby apply for participation as a player in the **LAXTOBERFEST Tournament** with the understanding that **Hero's Lacrosse, Inc.**, its officers, directors, coaches, staff, workers, volunteers, agents, sponsors, and Anne Arundel Community College shall be held harmless from any suit for personal injury which I may sustain from participation in practices or games. I affirm that I have read and understand the conditions set forth on this form, and certify that the personal representations stated hereon are accurate and complete to the best of my knowledge and belief.

Applicant Signature

Date

Parent Signature and Consent

Date

(Required if Applicant is under 18 years of age)

PLEASE PRINT CLEARLY

1. **Name** (Last, First) _____

2. **Address:** _____
(Street) (City) (State) (Zip)

3. **Phone:** _____ 4. **Age** _____ 5. **Gender:** **M** **F**

4. **Participating Team Name:** _____

In connection with the applicant's participation in **Hero's Lacrosse, Inc.'s Laxtoberfest tournament**, the undersigned do certify that the applicant is in good health, has no physical impairment restricting him/her from playing lacrosse, except as provided in writing to Hero's Lacrosse, Inc. and able to participate in the program activities. We (are, are not) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the applicant suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of Hero's Lacrosse, Inc. accepting this application, the undersigned hereby agree to save and indemnify and keep harmless, Hero's Lacrosse, Inc., its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors, and Anne Arundel Community College against any and all liability, claims, actions, lawsuits, judgments, and demands whatsoever, in law or in equity, including, but not limited to, personal injuries sustained by the applicant during or as a result of participation by the applicant in **Laxtoberfest**. The applicant is aware of the fact that lacrosse is a physically demanding sport in which injuries may occur.

Applicant Signature

Date

Parent Signature

Date

INSURANCE

Coverage for accidental injury is required by all participants. Please indicate your Family Health Insurance Plan below.

I have the required Insurance.

Health Insurance Co.

Policy Number

MEDICAL TREATMENT AUTHORIZATION

The undersigned authorizes Hero's Lacrosse, Inc., and its agents permission to request medical treatment as necessary to insure the well being of the applicant.

Applicant Signature

Date

Parent Signature

Date