

First Class Lacrosse Plus, LLC.

Participant Waiver and Release Signature is required to Participate

In Consideration of my participation in First Class Lacrosse Plus LLC. sponsored events and activities, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that First Class Lacrosse Plus LLC. along with coaches, officials, referees, volunteers, employees, agents, sponsors, 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 my consent to First Class Lacrosse Plus, LLC. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in First Class Lacrosse Plus LLC. 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.

Print Name of Participant

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under Participant Waiver and Release section for permitting my child to participate in any First Class Lacrosse Plus LLC sponsored events and activities and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian

Date

Insurance Information

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Health Insurance Company

Policy Authorization Number(s)

Medical Treatment Authorization

I/We being the legal guardians of the applicant authorize First Class Lacrosse Plus LLC and its agent's permission to request medical treatment as necessary to insure the well being of our dependent.

Signature of Parent/Guardian

Date