

APPENDIX H

US Lacrosse Waiver Forms - by Membership Category

Player Waiver

(SIGNATURE IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP) In consideration of my membership as a Player in US Lacrosse, and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

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. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, 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.

Medical Attention: I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse recognized or sanctioned event 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 US Lacrosse recognized or sanctioned events.

Readiness to Compete: I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

Code of Conduct: I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player.

Participant Primary Medical Insurance Carrier: _____ Policy Number: _____

Signature of Participant

Date

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date