

2009 Pumpkin Classic

October 11, 2009

WAIVER OF LIABILITY

In consideration of participating in the 2009 Pumpkin Classic 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 the Seneca Valley Lacrosse Association their officers, board members, 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 2009 Pumpkin Classic. 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 Player (over 18) _____ **Date** _____

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

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the 2009 Pumpkin Classic and the SVLA 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. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

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

Health Insurance Company _____

Health Insurance Policy Number _____