**2025 Pumpkin Classic Showcase**

**October 19, 2025**

**WAIVER OF LIABILITY**

In consideration of my, or my child or ward’s participation in a Seneca Valley Lacrosse Association interaction, I, am fully aware of and accept 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-related event. I further agree, on behalf of myself, my heirs, and personal representatives, that the Seneca Valley Lacrosse Association, Seneca Valley Lacrosse Association members, leagues, teams, host organizations, contractors, and/or sponsors of recognized or sponsored events, together with their respective affiliates, employees, agents, officers, directors, volunteers, coach, officials, shall not be liable for any injury, loss of life, or other loss or damage occurring as a result of my participation in any such Seneca Valley Lacrosse Association event.

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 2024 Pumpkin Classic and the SVLA and their agent’s 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.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RELEASE**

In consideration of my, or my child or ward’s participation in a Seneca Valley Lacrosse Association interaction, I, grant Seneca Valley Lacrosse Association and its employees, contractors, volunteers, representatives, directors, and officers the license to use my name, or my child’s likeness, image, photograph, voice, video, athletic performance, biographical, and other information (collectively, “Likeness”), in any media platform or format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability and such shall be the property of Seneca Valley Lacrosse Association in perpetuity. I hereby release and discharge Seneca Valley Lacrosse Association from any and all claims, demands, or causes of action arising out of or in connection with the use of my, or my child’s likeness for the purposes described herein.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_