



Central PA Clash For The Cup 2017 Lacrosse Tournament

LIABILITY WAIVER AND PHOTO/VIDEO RELEASE

EVERY PARTICIPANT, AND THEIR PARENT OR GUARDIAN MUST READ THIS WAIVER FORM AND SIGN IN THE APPROPRIATE SPACE. SIGNATURES ON THIS FORM SIGNIFY EACH PERSON HAS READ, UNDERSTANDS, AND ABIDES BY THIS INFORMATION. NO PARTICIPANT MAY PLAY WITHOUT A SIGNED AND SUBMITTED WAIVER.

WITH MY SIGNATURE BELOW, I AGREE TO IDEMNIFY AND HOLD HARMLESS MTYLAX, LAXWORLD & MANHEIM TOWNSHIP SCHOOL DISTRICT INCLUDING EMPLOYEES, VOLUNTEERS AND ALL OTHER PERSONS AGAINST LOSS OR EXPENSE, INCLUDING ATTORNEY'S FEES BY THE REASON OF BODILY INJURY, PROPERTY DAMAGE OR PERSONAL INJURY ARISING OUT OF THE NEGLIGENT OR INTENTIONAL CONDUCT OF MYSELF OR MY FAMILY MEMBERS INVOLVED IN THE CLASH FOR THE CUP LACROSSE TOURNAMENT. FURTHERMORE, MY CHILD HAS PERMISSION TO PARTICIPATE IN ANY PHOTOGRAPHS OR VIDEO TAKEN FOR PUBLICITY PURPOSES. I UNDERSTAND MY CHILD'S PARTICIPATION IS ENTIRELY VOLUNTARY AND WILL INVOLVE MODERATE TO HEAVY PHYSICAL ACTIVITY. I ALSO UNDERSTAND THAT THERE ARE RISKS OF ACCIDENTS FROM PARTICIPATION THAT CAN RESULT IN INJURY. TO MY KNOWLEDGE, MY CHILD IS NOT AFFECTED BY A PHYSICAL CONDITION OR DISABILITY THAT WOULD PROHIBIT HIM/HER FROM SAFELY PARTICIPATING IN THIS ACTIVITY. BY SIGNING, I AM GRANTING PERMISSION FOR MY CHILD TO PLAY IN THE CLASH FOR THE CUP LACROSSE TOURNAMENT. AS A PARTICIPANT, I AGREE TO THE ABOVE & AGREE TO PLAY BY THE RULES OF THE TOURNAMENT, AND I UNDERSTAND THAT OFFICIALS RESERVE THE RIGHT TO EJECT PLAYERS FROM THE GAME AND/OR SCHOOL PROPERTY DUE TO ROWDINESS OR DISRESPECTFULNESS WITHOUT REFUND OR FEES PAID. EVENT ORGANIZERS ARE NOT RESPONSIBLE FOR DETERMINING EACH PLAYER'S ELIGIBILITY.

Participants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Parent/Guardian: _____

Emergency Phone: _____ Grade: _____