**Donnybrook Lax Tournament**

**WAIVER OF LIABILITY**

In consideration of my voluntary participation in the **GP Donnybrook Lacrosse Tournament**, the player named below, and the parent or guardian of said player, do hereby agree for ourselves, our heirs, executors and administrators, to release, indemnify, hold harmless and forever discharge University Liggett Schools, GP Donnybrook Lacrosse Tournament, 313 Lacrosse LLC and their officers, staff, administrators, volunteers, sponsors, representatives and assigns, (hereinafter “Releasees”) from and against any and all claims, actions, causes of action, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player’s participation in the **GP Donnybrook Lacrosse Tournament**.

The undersigned are fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event which said player acknowledges to be a hazardous activity. Said player assumes full responsibility for and risk of bodily injury or death due to negligence of Releasees or otherwise while competing in the **GP Donnybrook Lacrosse Tournament**.

By signing below, we acknowledge that we have read and understand this form and further understand the terms herein are contractual and not a mere recital.

**Players Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Primary email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATON FOR MEDICAL TREATMENT**

I/we being the legal guardians of the applicant, authorize the staff of the **GP Donnybrook Lacrosse Tournament** and their agents to request treatment as necessary, in our absence, to ensure the well being of our dependent, we certify that they are in good health and able to participate in the scheduled games.

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

**Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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