



ULTIMATE FALL LACROSSE SHOOT-OUT 2005

PLAYERS NAME _____ TEAM NAME _____

PLAYERS EMAIL ADDRESS _____

WAIVER OF LIABILITY

In consideration of participating in the Ultimate Fall Lacrosse Shoot-out, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Ultimate Performance Lacrosse and the Ultimate Fall Lacrosse Shoot-out, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player's participation in the Ultimate Fall Lacrosse Shoot-out.

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.

Signature of Parent/Guardian _____ Date _____

TREATMENT/MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of Ultimate Performance and Ultimate Fall Shoot-out and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any 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 _____