

Shoremen Shootout

Parental Release and Insurance Information

Player Name _____

Team _____

Date of Participation _____

Coverage for accidental injury is required by all participants. In most instances this is covered by your family health insurance.

Insurance Policy Provider: _____

Policy#: _____

I/We, being the legal guardian(s) of the applicant, authorize Washington College and their agents, permission to request medical treatment as necessary to insure the well-being of my dependent.

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive and release and forever discharge Washington College, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the tournament.

I/We understand that the applicant is in good physical condition, allowing him to participate in the Shoremen Indoor Shootout.

Guardian(s) Signature: _____ **DATE:** _____