



**DUKESLACROSSE.COM**  
**OUR PLAYERS ARE EVEN BETTER PEOPLE**

**PLAYERS NAME** \_\_\_\_\_ **TEAM NAME** \_\_\_\_\_

**PLAYERS E-MAIL ADDRESS** \_\_\_\_\_

**WAIVER OF LIABILITY**

In consideration of participating in the \_\_\_\_\_,  
(Name of Tournament)

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 the Duke's Lacrosse Club and \_\_\_\_\_  
(Name of Tournament and Parties to be Released)

\_\_\_\_\_,  
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 arising directly or indirectly in connection with the player's participation in the \_\_\_\_\_.  
(Name of Tournament)

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 Duke's Lacrosse Club and \_\_\_\_\_ and its agents permission  
(Name of Tournament)

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. I am attaching a note explaining any special 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** \_\_\_\_\_

**US Lacrosse Membership Number** \_\_\_\_\_

**US Lacrosse Membership Expiration Date:** \_\_\_\_\_