



### NDP Lacrosse Waiver Form

Each of the undersigned hereby states: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages associated with participation in a lacrosse tournament, clinic and related event. I agree, on behalf of myself, my heirs, and personal representatives that NDP Lacrosse, LLC, its parent company, Kroenke Sports Enterprises, LLC, NDP tournaments and their owners, members, directors, officers, agents, employees, volunteers and training staff (collectively the “Covered Parties”) shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my participation or my child’s participation in an NDP tournament or any activities relating to NDP tournaments or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my participation in NDP. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to NDP, its owners and operators and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation or my child’s participation in activities related to NDP tournaments. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

In accordance with NCAA bylaws, I hereby acknowledge that I have paid in full to be a participant in a 2005 NDP tournament. I also acknowledge that I have not received any discount from any persons representing an NCAA institution or its athletic interests.

Applicant’s name (please print) \_\_\_\_\_

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s name (please print) \_\_\_\_\_

Relation to applicant \_\_\_\_\_

Parent/Guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Please fill out and fax completed form to NDP Lacrosse / Attn: Josh Gross at 720.931.2022.  
Form must be faxed no less than four (4) business days prior to tournament.