



The Philly Showcase Player Enrollment Contract, Medical Form, and Waiver of Liability

**YOU MUST BRING AND SUBMIT THIS COMPLETED FORM IN ORDER
TO PARTICIPATE IN THE PHILLY SHOWCASE**

Player Name: _____ Date of Birth: _____

NXT Sports, Inc. and Showcase Lacrosse, LLC, the directors of the Philly Showcase, have reserved a place for your child (“the participating student”) at the Philly Showcase taking place on November 19-21, 2010 in reliance on the completeness and accuracy of information provided herein. The undersigned parent or legal guardian(s) are hereinafter collectively referred to as “I” or “me.”

I. Medical Insurance Information

The Philly Showcase management will provide a certified athletic trainer and limited athlete accident insurance to respond to any eligible medical expenses not covered by family insurance. Accordingly, **I hereby authorize** the directors of the Philly Showcase to act for me according to their best judgment in case of any situation requiring medical attention.

I understand that every participating student is required to have health insurance coverage that provides an appropriate level of benefits befitting a participant in a contact sport. I certify that the participating student is covered by an appropriate health insurance policy and provide the following complete health insurance information:

Medical Insurance Carrier: _____

Policy Number: _____

Medical Conditions to be aware of: _____

II. Waiver and Release of Liability:

I recognize that participation in the Philly Showcase places the participating student at physical risk as there is an inherent risk of injury when playing a contact sport such as lacrosse. **I agree to assume that risk.** Although the Showcase directors have taken reasonable measures to protect the participating student, I realize accidents, illness and injuries may still occur. I hereby waive, release and forever discharge The Episcopal Academy, NXT Sports, Inc., Showcase Lacrosse LLC, Trashcan Lacrosse LLC, and all staff, coaches, representatives, employees, contractors, successors and assigns of any of the foregoing of and from any and all rights and claims for damages to person and property which may be sustained or occur during participation in the Showcase by the participating student whether paid damages, injury or loss are due to negligence or not.

I certify that the applicant is in good physical condition to take part in lacrosse related activities and understand there is an inherent risk of injury when playing a contact sport like lacrosse. I hereby request that my child named above be admitted to the Philly Showcase and authorize the director to act for me according to their best judgment in case of any emergency requiring medical attention.

I have read the release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

III. Media Waiver

I grant the Philly Showcase permission to use the participating student's name, image, voice, and identity in any program for promotion of the Showcase, including written materials, website materials, video, audio, or other forms, without prior consent of compensation.

IV. Force Majeure

I understand in the event the Philly Showcase does not take place due to natural disaster, pandemic, a severe weather event, acts of war, or acts of God or force majeure, that no portion of the Showcase registration fee will be refunded.

Parent or Legal Guardian (print name) _____

Signature: _____

Date: _____