



CREIGHTON PREP LACROSSE WAIVER AND CONSENT

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the Nebraska High School Lacrosse Association (NELAX), the host organization, and sponsors of any US Lacrosse or NELAX recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Consent to Medical Attention: I hereby give my consent to US Lacrosse, NELAX, and the host organization of any US Lacrosse or NELAX recognized or sanctioned event to provide customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse or NELAX recognized or sanctioned events. If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date