



HEAT INVITATIONAL LACROSSE TOURNAMENT WAIVER

THIS FORM IS REQUIRED TO PARTICPATE IN HEAT INVITATIONALTOURNAMENT

Please read and complete the following form for EACH participant on your team.

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Health Insurance: _____ Policy Number: _____

AGREEMENT:

In consideration of my participation in the sponsored activities of Heat Invitational, I acknowledge, agree to and understand that:

1. WAIVER & RELEASE OF LIABILITY: I am fully aware of the risks, including risk of catastrophic injury, paralysis, 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 Heat Lacrosse, the host organizations and sponsors of any Heat Lacrosse sanctioned event, along with coaches, volunteers, employees and directors of these organizations, shall not be liable for any injury, loss of life or other loss/damage occurring as a result of my participation in the event.

2. MEDICAL ATTENTION: I hereby give my consent to Heat Lacrosse and the host organization of any Heat Lacrosse sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Heat Lacrosse sanctioned events.

3. READINESS TO COMPETE: I will only participate in those Heat Lacrosse Invitational competitions for which I believe I am physically and psychologically prepared to compete.

4. PHOTOGRAPH AND VIDEO CONSENT: I hereby give my permission to Heat Lacrosse to use photographs or videotapes of my child for public relations or other purposes consistent with the purpose and mission of Heat Lacrosse.

Signature of Participant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____