



## Gorham Youth Lacrosse 2018 Preseason Waiver Form



This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, (athlete participant) give my consent to Gorham Youth Lacrosse (GYLAX) for my child to participate in the preseason lacrosse sessions at Gorham Sports Center (GSC).

By my signature, I agree to hold harmless in the event of injury or accident, SMCRC, d/b/a Gorham Sports Center (GSC), and any assigns, the organizer of the lacrosse sessions, known as Gorham Youth Lacrosse (GYLAX), the manufacturer of any and all equipment used in conjunction with this or any other sport in which I or my children are a participant at Gorham Sports Center. I further acknowledge that I am aware that this sport is a contact sport and that there is a real chance for injury from play or any event associated with this league and its participants. I understand that the use of all proper protective gear and equipment is highly recommended and I am responsible for ensuring their use.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_