**DEXTER LACROSSE CLASSIC**

**THIS FORM IS REQUIRED TO PARTICIPATE IN THE DEXTER LACROSSE CLASSIC TOURNAMENT**

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

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**: In consideration of my participation in the sponsored activities of Dexter Lacrosse Association, I acknowledge, agree to and understand that:

**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 DEXTER LACROSSE ASSOCIATION, the host organization, and sponsors of any DEXTER LACROSSE ASSOCIATION 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. I understand this waiver includes any claims based upon negligence, action or inaction of an of the above parties.

**MEDICAL ATTENTION**: I hereby give my consent to DEXTER LACROSSE ASSOCIATION and the host of any DEXTER LACROSSE ASSOCIATION 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 DEXTER LACROSSE ASSOCIATION sanctioned events.

**READINESS TO COMPETE**: I will only participate in those DEXTER LACROSSE ASSOCIATION competitions or activities in which I believe I am physically and psychologically prepared to participate.

**PHOTOGRAPH AND VIDEO CONSENT**: I hereby give my permission to DEXTER LACROSSE ASSOCIATION to use photographs or videotapes of my child for public relations or other purposes consistent with the purpose and mission of DEXTER LACROSSE ASSOCIATION. I further agree that said materials shall become the property of DEXTER LACROSSE ASSOCIATION, and I hereby release and discharge DEXTER LACROSSE ASSOCIATION and its representatives from any and all claims that may arise by reason of taking said photographs, pictures, or video.

**CODE OF CONDUCT**: I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to my responsibilities as a player.

I have read and understand the Concussion policy put forth by the Michigan Department of Community Health and found on the website for the DEXTER LACROSSE CLASSIC.

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD**: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any DEXTER LACROSSE ASSOCIATION sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in the first paragraph (“WAIVER AND RELEASE”).

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_