



RVLC Release and Medical Forms

Amateur Athletic Minor Waiver And Release Of Liability

In consideration of being allowed to participate in any way in the Ross Valley Lacrosse Club athletics/sports programs, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such conditions and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or any equipment used.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge, and covenant not to sue Ross Valley Lacrosse Club, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and Lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant

Printed Name of Parent or Guardian

Address of Participant

Signature of Parent or Guardian

Date



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Permission To Authorize Medical Care

PLAYER'S NAME: _____

I GIVE AUTHORITY TO ROSS VALLEY LACROSSE CLUB, ITS COACHES AND ASSISTANT COACHES TO OBTAIN APPROPRIATE EMERGENCY MEDICAL ATTENTION FOR MY CHILD

(name) _____ IN THE EVENT MY CHILD IS INJURED WHILE PARTICIPATING IN THE SPORT OF LACROSSE AND IN THE EVENT THAT I OR ANOTHER PARENT OR GUARDIAN CANNOT READILY BE CONTACTED TO GRANT SUCH PERMISSION.

SIGNATURE: _____ Date: _____

ADDRESS: _____
Street City Zip

TELEPHONE: Mother: Home: _____ Work: _____ Cell: _____

Father: Home: _____ Work: _____ Cell: _____

EMERGENCY CONTACT PERSON, IF PARENTS ARE NOT AVAILABLE:

NAME (PLEASE PRINT): _____

PHONE: Home: _____ Work: _____ Cell: _____

Player's Date of Birth: ____/____/____ Allergies: _____

Medical Problems (please include anything that might affect a player's ability, i.e. past broken bones, etc.)

Doctor's Name: _____ Phone: _____

Insurance Co: _____ ID#: _____

Hospital Preference: _____

NOTE: PLEASE READ AND SIGN THE STATEMENT BELOW

I CERTIFY THAT MY CHILD HAS UNDERGONE A PHYSICAL EXAMINATION WITHIN THE PAST YEAR AND HAS THE PHYSICIAN'S AND MY PERMISSION TO PLAY A CONTACT SPORT. I ALSO CERTIFY THAT MY CHILD IS COVERED UNDER THE ABOVE DESCRIBED PRIMARY POLICY AND UNDERSTAND THAT THE INSURANCE PROVIDED TO PLAYERS IS IN EXCESS OF MY CHILD'S PRIMARY POLICY. I AGREE TO NOTIFY THE COACH AND CLUB IMMEDIATELY IF THE PRIMARY POLICY DESCRIBED ABOVE IS NOT VALID FOR ANY REASON.

SIGNATURE _____ DATE _____

NAME (PLEASE PRINT) _____