

## Future Legends Lacrosse Tournament

### MEDICAL/LIABILITY RELEASE

Player Name:		
Team Name:		
US Lacrosse #		
Home Address:		
City:	State:	Zip Code:
Email:		
Emergency Phone:		

#### Waiver of Liability:

I acknowledge and understand that my child will be engaging in an activity that involves the risk of injury. I hereby release and hold harmless the Future Legends tournament, directors, owners, sponsors, and facility sites from any liability involved with participating in the Future Legends Lacrosse Tournament. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in this event. Further, I authorize the tournament director to request medical treatment as necessary to insure my child's well being.

Signature of parent or guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_