 

**Oklahoma F5 Lacrosse Club Waiver**

**THIS FORM IS REQUIRED TO PARTICIPATE IN LACROSSE TOURNAMENTS/EVENTS WITH OKLAHOMA F5**

**Please read and complete the following form foryour child.**

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

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone/Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**US Lacrosse Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGREEMENT:** In consideration of my child’s participation in the activities of **OKLAHOMA F5 LACROSSE CLUB**, I acknowledge, agree to and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** 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 lacrosse. I further agree on behalf of myself, my heirs, and personal representatives, that **OKLAHOMA F5 LACROSSE CLUB**, along with the coaches, volunteers, officers and directors, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child’s participation in any event, practice and/or tournament, that **OKLAHOMA F5 LACROSSE CLUB** attends. I understand that this waiver when signed and turned in, will be used by **OKLAHOMA F5 LACROSSE CLUB** for multiple events, practices, and tournaments that my child participates in.

2. **MEDICAL ATTENTION:** I hereby give my consent to **OKLAHOMA F5 LACROSSE CLUB** and the host tournament organization 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 child’s participation in any sanctioned events.

3. **READINESS TO COMPETE:** I will only participate in those tournaments and competitions with **OKLAHOMA F5 LACROSSE CLUB** for which I believe I am physically and psychologically prepared to compete.

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

**Signature of Parent/Guardian & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**