Commonwealth High School Lacrosse League, Inc.
Player Waiver 2022

Player Information

Last Name: _____   First Name: _____

Address: _____   Male ☐   Female ☐

City: _____   State: KY   Zip: _____

Phone: _____   DOB: _____

Email Address: _____

Parent Name: _____   Phone: _____

Parent Name: _____   Phone: _____

List Medical Conditions: _____

Emergency Contact: _____   Phone: _____

Doctor Name: _____   Phone: _____

US Lacrosse Membership #: _____   Expires: _____

School: _____   Grade: _____
                                         9-12

GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

IN CONSIDERATION OF the permission granted my child (whom I have identified above) by the Commonwealth Lacrosse League to participate in its Lacrosse League, I HEREBY WAIVE any and all claims or causes of action against the Commonwealth Lacrosse League, its volunteers, agents, assigns, board members, officers, teams, coaches, team representatives of any kind, (hereinafter collectively referred to as the "Commonwealth Lacrosse League") which I and/or my child may have against the Commonwealth Lacrosse League, and HEREBY RELEASE AND HOLD HARMLESS the Commonwealth Lacrosse League from any and all claims, demands, causes of action, judgments, and executions which I and/or my child ever had, or now have, or which my or my child's heirs, executors, administrators, or assigns, may have, or claim to have, against the Commonwealth Lacrosse League for all personal injuries or death, known or unknown, and injuries to property, real or personal, or for any other consequential or incidental damages caused by or arising out of the programs, activities or leagues sponsored and administered by the Commonwealth Lacrosse League where any such liability is or may be attributable to the alleged negligence (absence of ordinary care) of the Commonwealth Lacrosse League.

I verify that my child is a current US Lacrosse member with an expiration date not earlier than the 31st of May of the current year.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE AND AGREE THAT THIS RELEASE AND WAIVER SHALL BE LEGALLY BINDING ON ME, MY CHILD AND OUR HEIRS, BENEFICIARIES, ASSIGNS OR ANY OTHER SUCCESSORS IN INTEREST.

I have executed this release on (date) _____

Parent or guardian signature _____