

LINE 39 LACROSSE, LLC

MEDICAL WAIVER

Date: _____

Athlete Information

Name _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Medical Information

Any known Allergies, Illnesses, Injuries, Conditions or Disabilities _____

Insurance Information

Insurance Company _____ Phone Number _____

Policy Holder's Name _____

Policy Number _____ Group Number _____

(Please attach a photocopy, front and back, of your insurance card is attached to this form.)

Emergency Contact Information

Emergency Contact Name #1 _____

Relationship _____ Phone Number _____

Emergency Contact Name #2 _____

Relationship _____ Phone Number _____

Parent/Guardian Authorization: I hereby acknowledge this health history is correct and complete. The person herein described has permission to engage in all training activities except as noted above. I give permission to Line 39 Lacrosse, LLC to seek emergency medical treatment and to arrange necessary related transportation for me/my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to Line 39 Lacrosse, LLC and all employees or their designee to secure and administer treatment, including hospitalization, for the athlete named above.

Indemnity Clause: I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I agree to indemnify and hold harmless indemnitees from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of indemnitees.

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____ **Date:** _____