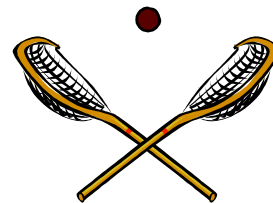




Westerville North Girls' Lacrosse

Player Waiver



This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury while participating in tournaments, travel events, clinics, camps, open nets, indoor leagues, practices, activities at any and all indoor facilities rented by and with the WNHS Girls Lacrosse Club, and I do recognize and assume all risk, whether foreseeable or unforeseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in all activities, recreation and instruction with the WNHS Girls Lacrosse Club. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify WNHS Girls' Lacrosse Club, their affiliates, administrators, directors, agents, coaches, employees, other participants, and sponsor agencies, from any and all claims and damages relating to or arising out of my child's or ward's involvement or participation in the programs arranged and scheduled by the WNHS Girls' Lacrosse Club.

Player Name: _____

Player Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

In connection with the Applicant's participation in Westerville Lacrosse Indoor League, the undersigned do certify that the Applicant/player is in good health, has no physical impairment restricting her from playing lacrosse, except as herewith provided in writing to Westerville Lacrosse, and otherwise is able to participate in the program activities. We (are, are not - please circle) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Applicant/player suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of WNHS Girls' lacrosse Club's acceptance of this application, the undersigned, both for himself or herself and on behalf of any minor child for whom he or she is submitting this application, hereby agree(s) to indemnify and hold harmless, Westerville North Girls Lacrosse & Westerville Lacrosse, its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors from and against any and all liability, claims, actions, lawsuits, losses, judgments, and demands whatsoever, in law or in equity, arising out of or in any way relating to the Applicant's participation in any League event, including, but not limited to, personal injuries or injury to property sustained or caused by the Applicant during or as a result of participation by the Applicant in Westerville North Girls' Lacrosse League, Travel events, practices, games, and any and all activities related to the WNHS Girls' lacrosse Club.

The Applicant is aware of the fact that lacrosse is a physically demanding and challenging sport in which injuries may occur.

I authorize permission to Westerville North Girls' Lacrosse Club, Westerville Lacrosse, Westerville School District and the agents of each to request medical treatment as necessary to insure the well being of the applicant. _____ (Please Initial)

Player Name: _____

Player Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____