

GAHANNA LACROSSE INC.

Player Name: _____ Player Phone Number: _____
Player Address: _____ City: _____ Zip: _____
Player Email Address: _____
Parent's Names: _____
Parent Phone Numbers: _____
Parent Email Address(es): _____

Waiver of Liability

In consideration of participating in any and all activities associated with GAHANNA LACROSSE INC., the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge GAHANNA LACROSSE INC., their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection with the player's participation in any and all activities involving GAHANNA LACROSSE INC.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

X _____
Signature of Parent/Guardian Date

Treatment/Medical Release Authorization

I/we being the legal guardians of the applicant authorize the staff of GAHANNA LACROSSE INC. and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a not explaining any physical limitations and/or required medical attention that is necessary for my son.

X _____
Signature of Parent/Guardian Date

Health Insurance Company: _____
Health Insurance Policy Number: _____