

**XTREME LAX ~ 2010**  
**Mass Elite Lacrosse, Inc.**  
**PO Box 501, North Scituate, MA 02060**

**WAIVER AND RELEASE**

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**CONSENT TO PLAY AND LIABILITY RELEASE**

I hereby give permission for \_\_\_\_\_ to participate in the **Xtreme Lax 2010** Tournament being held at the Groton School, Groton, Massachusetts. On Friday July 2 and Saturday July 3, 2010. I am aware and acknowledge that lacrosse is a high-speed sport which may involve some contact. I am aware of no medical conditions, impairments, restrictions, illnesses or injuries that would prevent or limit my child from participating in all aspects of the tournament.

I understand that NO REFUND of fee will be given in the case of dismissal for disciplinary reasons. I also understand NO DRUGS OR ALCOHOL may be brought onto or consumed on the premises. Achieve Lacrosse, Mass Elite Lacrosse., The Groton School, and anyone associated with this event reserve the right to dismiss participants who violate any rules stated or implied, or whose behavior or style of play is considered unsportsmanlike, uncontrollable, or at risk to other players.

I hereby give permission to provide emergency medical assistance and hospitalization, if necessary, to my child in case of accident or injury. I understand that there is a risk of injury to my child as a result of his/her participation in the tournament and I knowingly and voluntarily assume all risk of such injury. I agree to indemnify and hold harmless Achieve Lacrosse, Mass Elite Lacrosse., The Groton School, and any of their officers or directors, and any individual working as a referee, coach, employee, agent or volunteer in any capacity for this organization and/or this tournament, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this tournament.

**I have read the above paragraph and understand it fully. I assume all risk of injury. This release is signed as my own free act and deed.**

If under 18 years old:

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

All Participants:

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_