



### **Parent's/Guardian's Acknowledgement and Waiver of Liability**

I verify that my child has been checked by a licensed physician within the past year and is physically able to participate. I realize that lacrosse is a sport that involves aggressive play and physical contact, both of which can result in serious injury. Moreover, even with headgear, lacrosse players are susceptible to head and neck injuries. I understand the inherent risk involved and I hereby do assume all risks included in my daughter's participation in such activities. I agree to allow my child to be treated by the staff at a Peachtree City, Georgia area hospital or the SAT event staff in the event of an injury or emergency. In addition, I assume all risks from the participation in this tournament, and will hold harmless MCCSports, Inc., Hotlanta Lacrosse LLC, their affiliates and associates, Peachtree City Parks and Recreation, and their employees of any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in the tournament or related activities.

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Participant Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Club Program \_\_\_\_\_ Team Name \_\_\_\_\_

US Lacrosse Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_