

Waiver of Liability

Recognizing the possibility of physical injury associated with the sport of lacrosse, I hereby release, discharge and or otherwise indemnify the Orono Youth Lacrosse Association, its affiliate associations, member teams, event hosts and each of them and their directors, officers, employees, operators, trustees, members and agents against and from any and all claims, expenses, costs, damages, loss, accidents, fines, judgments, awards, liabilities and causes of action as a result of the registrant's participation in the sport of lacrosse. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. All such risks to my child are known and understood by me.

Signature:

I/We have read, understand and agree to comply with the Waiver of Liability as outlined above Name of Player _____ Legal

Guardian _____

Consent to Treat

As a parent or legal guardian of the player listed above, I hereby give my consent to Orono Youth Lacrosse Association to provide emergency medical treatment of an injury or illness of my child if qualified medical or dental personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Signature:

I/We have read, understand and agree to comply with the Consent to Treat as outlined above Legal Guardian Printed Name of Legal Guardian: Contact Info of Legal Guardian: Email Used to complete Paypal payment:

Legal Guardian

Printed Name of Legal Guardian

Contact info of Legal Guardian

Phone

Address

Email
