

WISHBONE CHAMPIONSHIPS

TOURNAMENT WAIVER OF LIABILITY AND RELEASE FORM

I agree not to hold entities of MCC Sports, Inc., its officials and associates, or its officers responsible for any physical, mental, or emotional injury that could or may result from sports competition. I certify that my daughter/legal minor is in good health, has passed a recent physical in the past year and is not presently ill. I understand that sports can be dangerous and have no problems with my daughter participating in the sport of lacrosse. I agree to show good sportsmanship and not degrade officials, or other parents and athletes at the Wishbone Championships. I (we) recognize that failure to obey good sportsmanship practices will result in dismissal of player, parent, or coach from the tournament and expulsion from the venue without refund. Any legal infraction will be prosecuted should a staff member/official of the Wishbone Championships be threatened or harmed in any way. I grant MCC Sports, Inc. permission to use my daughter's name, likeness, or picture in any printed media or form of advertisement. I fully renounce all claims upon MCC Sports for reimbursement for use of this material.

PARENT AUTHORIZATION: I/We, the parent(s) or guardian(s) of the below named participant, give my/our approval for our child to participate in Wishbone Championships. I/We assume all risks and hazards incidental to such participation and I/We do waive, release, absolve, indemnify and agree to hold harmless MCC Sports Incorporated, Florida Soccer Alliance, Seminole Soccer Complex, their board members and directors, sport commissioners and their committee members, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance for designated sport, if any. In an emergency, if below designated family physician cannot be reached, I authorize the child named below permission to be treated by another physician, or medical professional. I authorize staff of the Wishbone Championships to assist my child in the event of a medical emergency. I (we) are either members of US Lacrosse, or plan on being active members prior to the opening tournament date of November 21, 2009.

Player Name: _____ DOB: _____

Team Name: _____ Team Coach: _____

US Lacrosse # _____ Exp. Date: _____

Medical Insurance Provider: _____

Policy # _____

Player Signature (over 18): _____

Emergency Contact #: _____

Parent/Guardian Signature:
(For participants under 18) _____