

**CHARM CITY LACROSSE FESTIVAL**  
**2008**  
**PLAYER WAIVER FORM**

NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_ Date of Play: June 14 or June 15

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

US LACROSSE #: \_\_\_\_\_

Waiver of Liability

In signing this application, I release the Charm City Lacrosse Festival Staff, Genessee Valley, PlayHer Sports, & other involved parties from any claims or responsibility for injuries suffered in the tournament. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in the Charm City Lacrosse Festival. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Insurance Provider Information: \_\_\_\_\_

