

**LAX FOR THE CURE GIRLS LACROSSE TOURNAMENT  
2008**

**MEDICAL/LIABILITY RELEASE**

|                  |        |           |
|------------------|--------|-----------|
| Player Name:     |        |           |
| Team Name:       |        |           |
| US Lacrosse #    |        |           |
| Home Address:    |        |           |
| City:            | State: | Zip Code: |
| Email:           |        |           |
| Emergency Phone: |        |           |

**Waiver of Liability:**

I acknowledge and understand that my child will be engaging in an activity that involves the risk of injury. I hereby release and hold harmless the LAX FOR THE CURE tournament, directors, owners, sponsors, and facility sites from any liability involved with participating in the LAX FOR THE CURE Lacrosse Tournament. I knowingly assume all risks associated with participation, even if arising from the 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 this event. Further, I authorize the tournament director to request medical treatment as necessary to insure my child's well being.

Signature of parent or guardian: \_\_\_\_\_

**PLEASE SEND TO:  
LAX FOR THE CURE, 9 WILLOW DR, CHESTER, NJ 07930**