

UNH Fall Classic  
Hosted by the University of New Hampshire Lacrosse Team  
October 28, 2007

WAIVER OF LIABILITY

The below named student has my permission to participate in the UNH Women's Lacrosse Fall Classic. I/We understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/We assume all risks and hazards incidental to conduct of the aforementioned activity. I/We do further release and forever discharge the Department of Athletics and the University of New Hampshire and their officers, agents, and employees from and against any and all claims, demands, and actions or cause of action. In the event of emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the Department of Athletics to provide medical attention to the aforementioned person, including (if necessary) hospitalization.

Name of Participant (Please Print): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Please bring this completed form to your coach on Sunday, 10/28/07