

MASS ELITE
PO Box 501, North Scituate, MA 02060
Xtreme Lax 05

Player Name: _____ Team: _____

CONSENT TO PLAY AND LIABILITY RELEASE

I hereby give permission for _____ to participate in the MASS ELITE Xtreme Lax 05 Tournament on Saturday, 7/9/05 and or Sunday, 7/10/05. I acknowledge that lacrosse is a high-speed sport which may involve some contact. I am aware of no medical conditions, illnesses or injuries that would prevent my child from participating in all aspects of this team membership, except as follows (Please state the medical condition and provide a letter from the child's health care provider indicating the limitations or restrictions for the child's participation):

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Achieve Lax, Mass Elite, the Grton School and any individual working as an officer, coach, employee, agent or volunteer in any capacity for this organization and/or event, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program.

If under 18 years old:

Signature of Parent/Guardian: _____ Date: ____/____/____

All Participants:

Signature of Player: _____ Date: ____/____/____