



CONSENT TO PLAY AND LIABILITY RELEASE

Player Name: _____

Team: _____

I hereby give permission for _____ to participate in the Metacomet Select Lacrosse "**Spring into Summer Tournament**". I acknowledge that lacrosse is a High speed sport which may involve some contact. I am aware of no medical condition, illness 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 supply 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 Metacomet Select Lacrosse, Inc, the Town of Portsmouth, RI, and any individual working as an officer, coach, employee, agent, or volunteer in any capacity for this organization 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 I this program.

If under 18 years old

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

All Participants

Signature of player: _____ Date: ____/____/____

Insurance Carrier: _____

Policy Number: _____