Medical Release 2008

Please send this form to: Ultimate Lacrosse Club
400 Washington Ave.
Havertown, PA 19083

RELEASE AND CONSENT FOR MEDICAL TREATMENT

Athlete's name:_____
(please print clearly)

In signing this waiver, I release Ultimate Lacrosse, LLC., and other involved parties from any claims or responsibility for injuries during practices, clinics or tournaments. I knowingly assume all risks associated with participation , even if arising from the negligence of the participants of others, and assumes FULL responsibility for my participation. I certify that I am in good physical condition and can participate in this event. Further, I authorize the coaches to request medical treatment as necessary to insure my well being.