

PLAYER NAME: _____ **TEAM:** _____

EVANFEST LACROSSE TOURNAMENT

WAVIER OF LIABILITY

In consideration of participating in the EVANFEST Lacrosse Tournament at the Malvern Preparatory School, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless, indemnify and forever discharge EVANFEST and Malvern Preparatory School and their officers, staff, coaches, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in EVANFEST Lacrosse Tournament. I understand that, by participating in this sport, injury and/or death may occur and I knowingly assume all risks associated with my child's participation, even if arising from the negligence of any of the Released Parties or others, and I assume FULL responsibility for my child's participation. I certify that my child is in good physical condition and can participate in the EVANFEST Lacrosse Tournament.

In consideration of being allowed to participate in any way in the EVANFEST Lacrosse Tournament, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Acknowledge, understand and agree that the minor participant's photograph may be used to promote EVANFEST or EVANFEST related activities.
4. Assume all the foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

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

TREATMENT/MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardian(s) of the applicant authorize EVANFEST, Inc., and its agents, permission to request treatment as necessary to ensure the well being of our dependent, but I/we acknowledge that they are not required or obligated to do the same. Under no circumstances will any of the individuals or entities herein release and/or dispense prescription medication or otherwise manage or supervise any preexisting or ongoing medical condition of a participant. I/we certify that he is in good health and able to participate in the scheduled games. Attached is a note explaining any special physical limitations and/or required medical attention that is necessary for my/our child.

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

Health Insurance Company _____ **Policy Number** _____

- Special physical limitations form attached**
- Required medical attention form attached**

EMAIL/CONTACT INFORMATION

An email is required for all participants for tournament communication. In addition, information related to the EVANFEST Lacrosse Tournament and other EVANFEST events and activities may also be distributed via email, unless indicated otherwise by individual.

Parent/Guardian Email Address: _____

- My business would be interested in receiving information about becoming an EVANVEST Sponsor.**