

2009 SLUH Lacrosse Release Forms

Player: _____ Year in School: _____

Release of Liability:

In consideration of being permitted to participate on the SLUH Lacrosse team during the 2009 season, the above named player, his guardians, his heirs and personal representatives release, discharge, and agree not to make a claim against and not sue the SLUH Lacrosse team, its officers, board of directors, coaches, players, St. Louis University High School, and/or any of its agents, servants or employees on account of any bodily injury or damage which may occur to the above named player caused by the negligence of SLUH Lacrosse team, its officers, board of directors, coaches, players and/or any of its agents, servants or employees as a result of the participation of the SLUH Lacrosse team and all events and activities in conjunction with participation on the team(s).

Transportation Release:

Due to the many times the SLUH Lacrosse teams will practice/compete at off-campus sites, players will be transported to/from such events by coaches/parents/teammates/buses. As the parent/guardian of the above named SLUH student, I do hereby give my approval for my son to ride with coaches/parents/teammates/commercial bus to/from SLUH Lacrosse events. I do hereby waive, release, absolve, indemnify and agree to hold harmless St. Louis University High School, and/or any of its agents, servants or employees, the SLUH Lacrosse board, supervisors, coaches, participants and persons transporting my son to/from SLUH Lacrosse events, for any claim arising out of any injury to my child, the above named student. (Please be aware that parents/students/coaches/commercial drivers are not covered under SLUH's insurance plan.)

Medical Release:

I am aware that Lacrosse is a physical contact sport and injuries could and do occur, including lacerations, sprains, dislocations, fractures, chipped/broken teeth, concussion, brain injury, paralysis, etc. The player named above is voluntarily participating, with permission from his undersigned parent(s) and /or legal guardian, as a player on the SLUH lacrosse team, with knowledge of the dangers involved, and the undersigned agree to assume and accept any and all risks of injury or death.

Medical Statement:

The above named player is in good health and is able to participate in the normal activities of lacrosse. The following conditions, illnesses, allergies or prior injuries should be considered, should emergency medical treatment be necessary: _____

Player's Signature: _____ Date: _____

Parents/Legal Guardians Names: _____

Parent(s)/Legal Guardian Signature: _____

Emergency Contact: _____ Relationship: _____

Phone #: H: _____ C: _____ W: _____

Physician Name/Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Phone #: _____ Policy #: _____