



2008 THE NORTH TEXAS YOUTH LACROSSE ASSOCIATION
WAIVER & RELEASE OF LIABILITY FORM

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

Submission deadline: First NTYLA Sanctioned Game

Player's Name Age D.O.B. Grade

US Lacrosse Membership Number Exp. Date

Street Address (include Apt. # where applicable)

City, State, Zip Code

Email address

Parent's/Guardian's First and Last Name (A) & Phone Number(s) (include area code)

Parent's/Guardian's First and Last Name (B) & Phone Number(s) (include area code)

School Name (or) Club Name Team Name

WAIVER & RELEASE OF LIABILITY

The undersigned parent, guardian or managing conservator of the minor child named above (hereinafter "Player") realizing that the North Texas Youth Lacrosse Association (hereinafter "NTYLA") is a committee of the US Lacrosse North Texas Chapter, a non-profit association, and that the NTYLA and its teams are organized, managed and supervised mostly by volunteers, hereby consents, agrees and binds himself/herself, his/her heirs and assigns to the following regarding Player's participation in NTYLA activities: (1) In consideration of the benefits derived by Player" participation in NTYLA activities, I hereby consent, approve, covenant and agree to indemnify and save harmless US Lacrosse North Texas Chapter, NTYLA, its agents, servants, representatives, directors, officers, coaches, managers and referees from and against all actions or causes of action, claims demands, liabilities, loss, damage or expense of whatever kind or nature which may be sustained or incurred by virtue of injury or damage to me or Player resulting or growing out of participation in any NTYLA activities, including without limitation any cause of action sounding in negligence or any tort. (2) I understand that I must give NTYLA a completed and signed registration form before Player is eligible to participate in the 2008 NTYLA lacrosse season. (3) I further understand that NTYLA does not provide any personal injury or liability insurance whatsoever and that I must provide at my own expense any other insurance I deem necessary. In the event I cannot be reached during a medical emergency, I give my consent for medical treatment by a healthcare professional to preserve the life and well being of Player. (4) I represent that the information on this registration form is true and correct.

Parent, Guardian or Managing Conservator's Signature

Date Signed