



9th ANNUAL GET CRUSHED LACROSSE TOURNAMENT WAIVER

THIS FORM IS REQUIRED TO PARTICIPATE IN THE GET CRUSHED LACROSSE TOURNAMENT

Please read and complete the following form for EACH participant on your team.

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Email Address: _____

Health Insurance Number: _____ Policy Number: _____

AGREEMENT: In consideration of my participation in the sponsored activities of Orange Crush LLC and it's subsidiaries, I acknowledge, agree to and understand that:

- 1. WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Orange Crush, the host organization, and sponsors of the Get Crushed Tournament, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
- 2. MEDICAL ATTENTION:** I hereby give my consent to Orange Crush to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the Get Crushed Tournament.
- 3. READINESS TO COMPETE:** I will only participate in Get Crushed Tournament competitions for which I believe I am physically and psychologically prepared to compete.
- 4. PHOTOGRAPH AND VIDEO CONSENT:** I hereby give my permission to Orange Crush to use photographs or videotapes of my child for public relations or other purposes consistent with the purpose and mission of Orange Crush. I further agree that said materials shall become the property of Lax Bash Tournaments, and I hereby release and discharge Orange Crush and its representatives from any and all claims that may arise by reason of taking said photographs or pictures.

Signature of Participant _____ Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____