

ALL WORLD LACROSSE CAMP, LLC
Minor Waiver/ Medical Release Form
2010

Camper's Name _____ Parent/Guardian Name _____
Home Phone _____ Business/Cell Phone _____
Other Relationship Phone _____ Relationship _____
Doctor's Name _____
Preferred Hospital _____
Date of Last Physical _____
(Must enclose Doctor's Report or note from doctor saying that your son is in good health and able participate in Lacrosse Camp.)
Known Allergies _____
Date of most recent tetanus shot _____
Medications to be taken during the day _____
Any other medical problems we should be aware of _____
Insurance Company _____
Policy Number _____

Parent's Statement

In consideration of being allowed to participate in any way in The All World Lacrosse Camp and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he should inspect the facilities/equipment to be used, and if the participants believes anything is unsafe, he should immediately advise his coach or supervisor of condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve the risk of serious injury, including permanent disabilities and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence, but the action's, inaction's or negligence of others, the rules of play, or the condition of premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue ALL WORLD LACROSSE CAMP, its affiliated clubs, their respective administrative directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, owners and leasers of premises use to conduct the event, all of which are hereinafter referred to as "release", from any and all liabilities to each of the undersigned, his heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including damage of property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN SUBSTANTIAL RIGHTS SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Camper's Statement

I hereby agree to be on my best behavior during the camp week. I understand that anyone who does not follow the rules of the camp or who misses a session other than due to injury will be sent home. I will abide by all rules and regulations of THE ALL WORLD LACROSSE CAMP

Camper's Signature _____ Date _____