

## WAIVER OF LIABILITY

In consideration of participating in the NESLL/Bulldog Lacrosse Classic, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Bryant University, NESLL, and the NESLL/Bulldog Lacrosse Classic, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player's participation in the NESLL/Bulldog Lacrosse Classic.

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 guardians of the applicant authorize the staff of NESLL, Bryant University, NESLL/Bulldog Lacrosse Classic, and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my son.

Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_