

Lacrosse for Cerebral Palsy

An Awareness and Fundraising Event

Players Name: _____

Address _____

City _____ State: _____ Zip: _____

Home #: _____ Cell # (participant's): _____

E-mail Address (Mandatory): _____

Age: _____ Grad Year: _____ Date of Birth: _____

School: _____

Team (if different from high school program): _____

Position: _____ Years Experience: _____

Emergency Contact / Relation to player _____ / _____

Emergency contact # _____

Insurance Company _____

Insurance Policy # _____

TOURNAMENT FEE for Individual Player is \$60.00.
(Fee is to be paid *unless* you are playing for a team that paid the TEAM FEE)
Please make check payable to United Cerebral Palsy of Delaware
with Lacrosse Tournament in the Memo Line.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

I hereby release and discharge Z CAMPS, LLC and United Cerebral Palsy of Delaware, its agents, employees, staff members, directors, contractors and officers from any claims, responsibilities or liabilities for injuries or harm or death incurred as a result of my participation and/or my child's participation as a player or spectator in programs and activities at Elkton Parks and Recreation and any other facility used. I fully understand that these activities involve risks and dangers of serious bodily injury or death, ("RISKS"); these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I certify that my son/daughter is of sound health and is cleared medically to participate in events sponsored by Z CAMPS, LLC and United Cerebral Palsy of Delaware. I authorize Z CAMPS, LLC and United Cerebral Palsy of Delaware, its agents, employees, staff members, directors, contractors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Z CAMPS, LLC and United Cerebral Palsy of Delaware, its agents, employees, staff members, directors and officers from any responsibility or liability related there to.

I hereby grant Z CAMPS, LLC and United Cerebral Palsy of Delaware permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon Z CAMPS, LLC and United Cerebral Palsy of Delaware for reimbursement for use of this material.

Parent / Guardian: _____ Relationship: _____
(please print name)

Participant/Guardian Signature: _____ Date ____/____/____