

Participant Waiver & Release

Signature required to participate

I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks as well as other damages and losses associated with participation in lacrosse and related sports conditioning activities. I further agree that Ned Bowen's "All Out" Lacrosse Camp along with coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other damage occurring as a result of my participation in the event. I hereby give my consent to Ned Bowen's "All Out" Lacrosse Camp to provide customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Ned Bowen's "All Out" Lacrosse Camp sponsored events. I will only participate in those activities in which I believe I am physically and psychologically prepared to participate.

Signature of participant and date

For any participant who is not yet 18 years old:

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child to participate in any of Ned Bowen's "All Out" Lacrosse Camp sponsored events and activities, and I accept each of the conditions.

Signature of parent/guardian and date

Insurance Information:

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Applicant last name, first name, middle initial

Health Insurance Company

Policy Authorization Number

Medical Treatment Authorization:

I/We, being the legal guardians of the applicant, authorize that Ned Bowen's "All Out" Lacrosse Camp and its agent's permission to request medical treatment as necessary to insure the well being of our dependent.

Parent/Guardian signature and date