

Central Mass Club Lacrosse

24 Sadie Hutt Lane
Southborough, MA 01772



Player Name _____

Consent to Play and Liability Release

I hereby give permission for _____ to participate in the Central Mass Club Lacrosse Clinic on March 28, 2010 at Team Works in Northborough, Massachusetts. I acknowledge that lacrosse is a high-speed sport, which may involve some contact. I am aware of no medical conditions, illnesses, or injuries that would prevent my child from participating in all aspects of this team membership, except as follows (please state the medical condition and provide a letter from the child's healthcare provider indicating the limitations or restrictions for the child's participation):

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Sticks In!! Lacrosse Clinics, Team Works, LLC., and any individual working as an officer, coach, employee, agent, or volunteer in any capacity for this organization and/or event, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program.

If Under 18 Years of Age

Signature of Parent/Guardian: _____ Date: _____

All Participants

Signature of Player: _____ Date: _____