

## Hoggard Women's Lacrosse Middle School Clinic

<b>Player Name</b>		<b>Parent/Guardian</b>	
<b>Address</b>			
<b>Phone</b>			
<b>Emergency Contact</b>		<b>Emergency Contact Phone</b>	
<b>Insurance Provider</b>		<b>Insurance Policy</b>	
<b>Medical conditions and/or allergies</b>			

### Consent and Liability Waiver- Release of All Claims

I, the undersigned, as legal guardian of the minor Participant named above, hereby give full consent and approval for my child to participate in Hoggard Women's Middle School Lacrosse Clinic, which will take place on March 10, 2018.

I attest that the Participant is physically fit and has no known medical conditions which prohibit participation in this sporting event.

I understand and acknowledge that participation in the Hoggard Women's Middle School Lacrosse Clinic is entirely voluntary and I further understand and acknowledge that there are certain risks of damages and injuries, including death, inherent in the practice and play of lacrosse, as well in other related activities incidental to my child's participation in the Hoggard Women's Middle School Lacrosse Clinic, and I fully assume these risks on behalf of my child.

I hereby expressly release, waive and discharge any and all liability on behalf of New Hanover County Schools, Hoggard High School, Hoggard Women's Lacrosse Coaches, Athletes, and Athletic Trainers, all sponsors, and other entities associated with Hoggard Women's Middle School Lacrosse Clinic, and their agents, servants, and officers and any claims resulting from any injury and/or damage to person or property suffered by my child in connection with his or her participation in Hoggard Women's Middle School Lacrosse Clinic.

I further agree to indemnify and hold New Hanover County Schools, Hoggard High School, Hoggard Women's Lacrosse Coaches, Athletes, and Athletic Trainers, and their agents, servants, and officers from all claims, costs, liabilities, expenses, or judgments arising out of any loss, damage, injury, illness, death, or other casualties suffered by my child in connection with the Girls Lacrosse Clinic.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NEW HANOVER COUNTY SCHOOLS/HOGGARD HIGH SCHOOL/HOGGARD WOMEN'S LACROSSE AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that, Hoggard High School/ Hoggard Women's Lacrosse Program, its agents, sponsors and trustees may use my/my child's photograph on for the purpose of promoting future events or soliciting donations or recognition for Hoggard Women's Lacrosse Program.

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Name (signature)** \_\_\_\_\_

**Date** \_\_\_\_\_