

Release of Liability
Read carefully before signing - This affects your legal rights

In exchange for _____'s (**player**) participation in West Knox High Lacrosse, conditioning, practice and play, I, _____, parent or legal guardian of the named player, do hereby agree as follows:

1. I recognize that there are inherent risks associated with the conditioning for, practice of and play of lacrosse. I understand that lacrosse is a physically demanding contact sport. I hereby represent to West Knox High Lacrosse that the above named player is in good physical condition and has no known medical limitations that prevent him from engaging in such activities.
2. I agree to release and discharge West Knox High Lacrosse, its Coaches, assistants, advisory board, agents and assigns from ANY liability for injury, illness or loss arising out of the named player's participation in this activity including but not limited to conditioning, practice, play and travel to or from practice or games.
3. In the event of any injury or illness, I authorize West Knox Warriors Lacrosse to seek medical treatment and I will be financially responsible for any and all charges so incurred, including but not limited to emergency transportation, Physician/medical care giver and hospital charges.

Signed _____
Parent or Legal Guardian

Date _____

State of Tennessee:
County of _____:

Before me, the undersigned, a Notary Public in and for the County aforestated, personally appeared _____ with whom I am personally acquainted or proved on the basis of satisfactory evidence, and who, on oath, acknowledged himself/herself to be the parent or legal guardian of _____, executed this instrument for the purposes contained within, by signing.

Witness my hand and seal on this the ____ day of _____, 20____

Notary Public

My Commission expires:
