



**CARDINAL CUP LACROSSE TOURNAMENT
OCTOBER 4, 2020**

WAIVER OF LIABILITY

In consideration of participating in the Cardinal Cup Lacrosse Tournament, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Smith River Sports Complex, The Southern Virginia Recreation Facilities Authority, the City of Martinsville, Henry County, Old North State Lacrosse Foundation, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Cardinal Cup Lacrosse Tournament. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Player's Name _____
DOB _____ Grade _____
Team _____ School _____
Email _____
Signature of Parent/Guardian _____ Date _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Cardinal Cup Lacrosse Tournament and Old North State Lacrosse Foundation and their agent's permission to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled games.

Signature of Parent/Guardian _____ Date _____
Health Insurance Company _____
Health Insurance Policy Number _____