Skyline Spartan Lacrosse Club

Medical Release and Liability Waiver

Player Name: _____ Date of Birth_____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Skyline Spartan Lacrosse Club Medical Release and Liability Waiver By signing this form, I hereby assume all risks and hazards incidental to participation in lacrosse activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Skyline Lacrosse Club, Issaquah School District, coaches, volunteers and their heirs for any claim arising from the participation of my child in the Skyline Lacrosse program. I authorize the coaches and staff to act in their best judgement in any emergency requiring medical attention.

Signature of Parent/Guardian: _____ Date: _____

Skyline Spartan Lacrosse Club
3020 Issaquah Pine Lake Rd SE #487
Sammamish, WA 98075-7253
info@skylinelax.com skylinelax.com