MSSLL

MARTIAN SPORTS SKILLS LACROSSE LEAGUE

RELEASE FORM

TEAM _____

Child Name: _____

Date of Birth: _____

Parent's Name: _____

Email address:_____

Address: _____

Phone # _____

Current Program/Team: _____

US Lacrosse # _____

Release of Liability: Upon entering events sponsored by MARTIAN HOCKEY, Amesbury Sports Park, THE MDSHL, MSSLL and OFFICERS AND COACHES. I / we agree to abide by the rules of US LACROSSE. I / WE understand that participation and observation of the sport constitutes a risk to me / us of serious injury, including paralysis or Death I / WE voluntarily and knowingly recognize, accept, and assume the risk and release MDSHL, MSSLL, MARTIAN SPORTS SKILLS, MARTIAN HOCKEY, its instructors, its affiliates, and their sponsors, from any liability therefore.

Signature_____ **Date**_____ **Parent / Guardian**_____ **Date**_____