



## BAMALAX Lacrosse waiver and medical release form

Each of the undersigned hereby states: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages associated with my child's participation in a full-contact lacrosse event, clinic and related event. I certify that my child is in good mental and physical condition. My child and I understand the inherent risks associated with playing lacrosse and we also understand the inherent risks of participating in this Competition.

I agree, on behalf of myself, my heirs, and personal representatives that Bamalax, LLC, their owners, members, directors, employees, volunteers shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my child's participation in a Bamalax event or any activities relating to Bamalax. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my child's participation in Bamalax. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to Bamalax, its owners and operators and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in activities related to NDP tournaments. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

Applicant's name (please print) \_\_\_\_\_

Parent/Guardian's name (please print) \_\_\_\_\_

Relation to applicant \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Release

I authorize Bamalax, LLC and all Covered Parties to obtain necessary medical treatment for the Minor if the Minor is deemed medically unfit by a medical professional and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which the Minor is allergic or medications that the Minor is currently taking are listed below. I agree that the Minor shall bring medications which the Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any) \_\_\_\_\_

Allergic to (if any) \_\_\_\_\_

I acknowledge that the Minor suffers from the following conditions \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_