



Parental Waiver

Player's Name _____

Address _____

City/State/Zip _____

Phone _____

As parent and/or natural guardian of the above named player, I hereby give my full and unconditional consent for participation in the sport of Lacrosse. I represent that the player is in good physical condition and suffers from no disability, physical or otherwise, that would impair his ability to play Lacrosse or pose a risk to himself or others playing Lacrosse. It is understood and agreed that all risk of injury incidental to playing Lacrosse are expressly assumed. I hereby release and save harmless the GOLDSTANDARD LACROSSE, LLC its officers, directors, coaches, agents, servants, employees and/or volunteers from any claim of injury or damage arising out of and in connection with playing Lacrosse.

Parent/Guardian Signature _____

Print Name _____

Date _____