



Carolina Fever Waiver Form

Name: _____

Grade: _____

School: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone Number: _____

Medical & Waiver Release

All Participants' must have their own health insurance coverage. Participants will not be allowed to play unless the following information is submitted and the form is signed by the parent of guardian of the participant.

Participant's Insurance Co:

Policy #:

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the player. I hereby give permission for the staff of Carolina Fever Lacrosse Club to seek during the period of all practices and tournaments appropriate medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all cost of medical attention and treatment.

I/We, the undersigned, for ourselves, our heirs, our executors and administrators, waive, release and forever discharge Carolina Fever Lacrosse Club, its staff, officers, agents, employees, representatives, successors and assigns from any liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Carolina Fever Lacrosse Club activities.

Participant's Name:

Parent/Guardian Signature:

Date: