



**FULL THROTTLE LACROSSE**

## INSTRUCTIONAL LACROSSE CAMP

### Full Throttle Lacrosse Camp Participant Waiver & Release of Liability

**INSTRUCTIONS:**

- 1) Each player must read the statement below before completing and signing this Waiver & Release.
- 2) Parents/Guardians must read the statement below before signing this Waiver & Release.

**AGREEMENT:**

In consideration of my participation in the sponsored activities of the Full Throttle Lacrosse Camp Practices / Camps / Clinics / Tournaments, I acknowledge, agree to and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that FTLC the host organization, and sponsors of any FTLC event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities.
2. **MEDICAL ATTENTION:** I hereby give my consent to FTLC and the host organization of any FTLC related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in FTLC events.
3. **READINESS TO COMPETE:** I will only participate in those Full Throttle Lacrosse Camp competitions for which I believe I am physically and psychologically prepared to compete.
4. **CODE OF CONDUCT:** I have read and agree to all terms in the FTLC Code of Conduct, especially with regard to my responsibilities as a player.

\_\_\_\_\_  
Print Player's Name

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence/Street Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Player