LAXTOBERFEST GROUP LIABILITY RELEASE FORM

TEAM NAME:_____ **TEAM CONTACT:**_____

I the undersigned do hereby apply for participation as a player in the **LAXTOBERFEST Tournament** with the understanding that **Hero's Lacrosse, Inc.,** its officers, directors, coaches, staff, workers, volunteers, agents, sponsors, and Anne Arundel Community College shall be held harmless from any suit for personal injury which I may sustain from participation. I the undersigned do certify that I am in good health, have no physical impairment restricting me from playing lacrosse, except as provided in writing to Hero's Lacrosse, Inc. and able to participate in the tournament activities. Where applicable, I have indicated if I suffer from allergies, asthma, diabetes, restricted activities, etc. and have attached a statement explaining special physical limitations and/or required medication, if any. In further consideration of Hero's Lacrosse, Inc. accepting this application, I the undersigned hereby agree to save and indemnify and keep harmless, Hero's Lacrosse, Inc., its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors, and Anne Arundel Community College against any and all liability, claims, actions, lawsuits, judgments, and demands whatsoever, in law or in equity, including, but not limited to, personal injuries sustained by me during or as a result of my participation in **Laxtoberfest.** I am aware of the fact that lacrosse is a physically demanding sport in which injuries may occur and understand that coverage for accidental injury is required. I the undersigned do hereby certify that I have the required insurance and my health insurance information has been provided. Finally, I the undersigned authorize Hero's Lacrosse, Inc. and its agents to request medical treatment as necessary to insure my well-being. I affirm that I have read and understand the conditions set forth on this form, and certify that the personal representations stated hereon are accurate and complete to the best of my knowledge and belief.

Date	Player Name (please print)	Player Signature	Parental Signature & consent (Required for players under 18)	Medical Ins. Carrier/Policy #
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