**Participant Waiver, Release & Registration Form**

**SMLA Free Try-Lacrosse Camp**

**Strathroy Minor Lacrosse Association**

**Register:** Participants Name / Age of Participant / Group # / Camp Date:

In consideration of my child’s participation in the Strathroy Minor Lacrosse Associations (SMLA) Free Try-Lacrosse Camp being hosted by: the SMLA, I agree to the following:

**Waiver & Release:** I am fully aware of and appreciate the risks, (including the risk of catastrophic injury, paralysis, even death), as well as other damages and losses associated with participation in the Free Try- Lacrosse Camp. I further agree on behalf of myself, my heirs and personal representatives that volunteers from the Strathroy Minor Lacrosse Association shall not be liable for any injury, loss of life, or loss or damage occurring as a result of participation in the Free Try- Lacrosse Camp hosted by SMLA.

**Medical Attention:** I hereby give my consent to the coaches, instructors and volunteers of the SMLA to provide medical/athletic training attention and call emergency medical services as warranted in the course of my participation in the Free Try- Lacrosse Camp. Sponsored or sanctioned events being held by the Strathroy Minor Lacrosse Association.

**For any participant who is not currently 18 years of age: (Parent/Guardian signature required)**

As a legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child to participate in the Free Try- Lacrosse Camp, sponsored event by the SMLA, and I accept each of the conditions, both the waiver and release set forth in paragraph one, as well as the Medical Attention consent set forth in paragraph two.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian - Date Signed:

Contact Number to be reached at:

Email address: