



VICTORY LACROSSE

VICTORY SPORTS WAIVER

Participant Name: _____ **League/Team:** _____

SIGNATURE IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP) In consideration of my membership as a Player/Coach/Participant in VICTORY Lacrosse, and my participation in VICTORY Lacrosse recognized or sanctioned events, I agree to the following:

Waiver and Release: 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 VICTORY Lacrosse, the host organization, and sponsors of any VICTORY Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, 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(s).

Medical Attention: I hereby give my consent to VICTORY Lacrosse and the host organization of any VICTORY Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in VICTORY Lacrosse recognized or sanctioned events.

Readiness to Compete: I will only participate in those VICTORY Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

Code of Conduct: I have read and agreed to all terms in the VICTORY Code of Conduct.

Signature of Participant (>18 years of age NA) _____ **Date** _____

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any VICTORY Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ **Date** _____

Emergency Contact Name _____ **Phone** _____

Victory Lacrosse: 3780 Syrup Mill Road, Ridgeway, SC 29130
Questions? Please email: ktthurston@vlax.org or call (803) 223-4840

Victorylax.org