PARENTAL RELEASE FORM

I, ________________________________ , give permission for ________________________________ to attend and participate in the King of The Hill Lacrosse Tournament, in Westminster, MD.

I authorize the directors of this tournament and the coaches and athletic trainers to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I hereby:
1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this event, understanding that this sport does involve potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during participation.
4. Agree not to bring suit against King of The Hill Tournament or McDaniel College for any injury sustained.
5. Agree to allow the tournament directors and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions made by the tournament director in terminating attendance at camp due to any unacceptable behavior.

Emergency Contact Information

Day Time Phone _______________ Evening Phone _______________
Parent Cell _______________ Relationship _______________
Alternate Emergency Contact ________________________________
Relationship _______________ Phone (day) __________ Evening _______
Insurance Carrier ________________________________
Policy Number ________________________________
Policy Holder’s Name ________________________________

_____________________________ __________________________
(Signature of Parent) (Date)