

King of The Hill Tournament

McDaniel College- Westminster, MD.
Monday, June 19 – Saturday, June 24, 2017

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)