

Fairfield University Lacrosse Waiver and Assumption of Risk

I hereby request that you accept the application of _____ in the Fairfield Prospect Day during the date set forth in this application, and in consideration of your acceptance of this application, I hereby release Fairfield University Women's Lacrosse, its players and Fairfield University, all their trustees, officer, employees and agents from any and all liability of claims relating to any injuries that may be sustained by the camper while attending the 2018 Clinic or any and all claims which may hereafter be presented by or on behalf of the participant (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence or recklessness.

Authorization for Medical Treatment and Release: *In case of emergency or if any medical attention is required by my child, I hereby give my permission to the Fairfield Women's Lacrosse staff and/or Fairfield to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release Fairfield University Women's Lacrosse, its staff and Fairfield University and all their trustees, officers, employees and agents from any and all claims relating to the exercise of such judgment. I further acknowledge that the above named individual is covered by health insurance:*

Date: _____ Parent/Guardian Name: _____ Signature: _____

Health Insurance Carrier: _____ Group/Policy #: _____

Emergency contact: _____ Telephone #: _____