

MORAN LACROSSE WAIVER

Name: _____
Address: _____
City/ State/Zip: _____
Phone: _____

As parent and/or natural guardian of the individual named above, I hereby give my full and unconditional consent for participation in the activity of lacrosse. The previously mentioned player is in good physical condition and suffers from no disability, physical or any condition that would impair his ability to play lacrosse or pose risk to himself for other individuals. It is understood and agreed that all risk of injury occurred while playing lacrosse are assumed. I release and save harmless the Moran Lacrosse, LLC and its directors, coaches, employees and volunteers from any claim or injury or damage that may occur while playing the sport of lacrosse.

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