

# MARYLAND



## LACROSSE

# INDEPENDENT CLUB PLAYDAY

TEAM NAME:

PLAYER'S NAME:

EMAIL:

GRAD YEAR:

## WAIVER

### PARENT/ GUARDIAN RELEASE

I hereby request that you accept this player application for enrollment in the Independent Club Playday, 2019. In consideration of your acceptance of this application, I hereby agree to release, and hold harmless The University of Maryland and Terps Lacrosse, its agents, employees, representatives or assigns, from all claims resulting from any injury sustained by my child while traveling and participating in the tournament. I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. Photos taken of your child while attending may be used for publications and advertisements. Registration of your child in our program acts as a consent for this usage.

Health Insurance Carrier: \_\_\_\_\_ Membership# \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Player: \_\_\_\_\_ Date: \_\_\_\_\_