

**Waiver of Liability (REQUIRED):**

I hereby request that you accept the application of \_\_\_\_\_ in the 2008 Adelphi University Women's Lacrosse November fall classic during the date set forth in this application, and in consideration of your acceptance of the application, I hereby release the Adelphi University Women's Lacrosse November fall classic and Adelphi University, and all their trustees, officers, employees, and agents from any and all liability or claims relating to any injuries that may be sustained by the player while participating in the November fall classic or any and all claims which may hereafter be presented by or on behalf of the player (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence, or recklessness.

Athlete \_\_\_\_\_ (print)  
Athlete \_\_\_\_\_ (signature) Date \_\_\_\_\_  
Parent/ Legal Guardian \_\_\_\_\_ (Print)  
Parent/ Legal Guardian \_\_\_\_\_ (Signature) Date \_\_\_\_\_

**Authorization for Medical Treatment and Release (REQUIRED):**

In case of emergency or if any medical attention is required by my child, I hereby give my permission to the Adelphi University November fall classic's tournament staff and/or Adelphi to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release the Adelphi Women's Lacrosse November fall classic and the Adelphi University, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

Parent/ Legal Guardian \_\_\_\_\_ (Signature)

Health Insurance Provider \_\_\_\_\_  
Policy # \_\_\_\_\_

Primary Physician's Name and Phone:  
\_\_\_\_\_

Name, relation and Phone for emergency contact:  
\_\_\_\_\_

**\*\*YOU MUST ATTACH A PHOTOCOPY OF ATHLETE'S INSURANCE CARD\*\*  
(FRONT AND BACK) TO PARTICIPATE**