

North East Maryland Select (NEMS)

Release of Liability

I, the parent/guardian of the applicant named below and with legal responsibility for her, do acknowledge and agree that: (1) the risk of injury from participating in lacrosse is significant and does exist; (2) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my daughter's participation in various events; and (3) my daughter has been examined by a physician and is fit and able to play the game of lacrosse. I, as parent/guardian of the applicant, acknowledge the above three (3) statements and for myself, heirs, assigns and next of kin agree to indemnify and hold harmless NEMS Lacrosse, Inc. Board of Directors, coaches, administrative staff and other involved parties from any and all liabilities, claims, demands, and causes of action whatsoever resulting from my daughter's participation in the various events.

First Name: _____ Last Name: _____

Medical Condition(s)/Known Allergies: _____

My Insurance Co. is: _____ My Policy Nbr is: _____

Our Physician is: _____ Phone Number: (____) _____

Signed: _____

(Parent or Legal Guardian)
Subscribed and Sworn to Before

This ____ Day of _____, 2009

Player Information

Please complete the following:

Player Name	Address (House Number / Street / City / Zip)

Home Phone	Cell Phone	E-Mail Address

School	Parents Names	US Lacrosse #

US Lacrosse Number can be obtained and/or renewed from: www.uslacrosse.org / 410-235-6882