

# **JOHN'S CREEK**

## **Junior Gladiators Boys Lacrosse Club, Inc.**

2020/2021 Season Participant Waiver, Medical Release, and Release of Liability  
**THIS FORM MUST BE REVIEWED AND AGREED TO PRIOR TO ANY PLAYER  
PARTICIPATION IN PRACTICE OR GAMES.**

### ***AGREEMENT***

Each player and parent/guardian must read the statements below before e-signing this waiver and release via our online Team Snap registration.

*In consideration of my participation in Jr. Gladiators Boys Lacrosse, I acknowledge, understand and agree to:*

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate that the sport of lacrosse carries certain risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of my son that Jr. Gladiators Boys Lacrosse, along with the coaches and volunteers shall not be liable for any injury, loss of life, or loss or damage occurring as a result of my son's participation in a lacrosse event, or as a result of equipment that may have been provided to my son for these activities.
2. **MEDICAL ATTENTION:** I hereby give consent to Jr. Gladiators Boys Lacrosse to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my son's participation in Jr. Gladiator Boys Lacrosse events. I further acknowledge that I am responsible for any costs incurred from emergency medical treatment, including transportation.
3. **RETURN TO PLAY FOLLOWING ILLNESS OR INJURY, INCLUDING CONCUSSION:** I acknowledge that it is my responsibility to seek medical care for a possible concussion or other medical condition or injury and that it is my responsibility to follow the recommendations provided by the health care professional who has examined my son. I will not allow my son to resume participation in any practice or game until I received clearance for him to do so from a qualified health care professional. I understand that it is Johns Creek Junior Gladiators Boys Lacrosse Club's policy that a player will be removed from play immediately in the event that he exhibits signs, symptoms, or behaviors consistent with a concussion and shall return to play only after he has been cleared to resume play by an appropriate health care professional.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_