

# THIS FORM IS REQUIRED TO PARTICIPATE IN THE NIAGARA LACROSSE CLASSIC

Please read and complete the following form for EACH participant on your team.

Participant Name: \_\_\_\_\_ Team Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**AGREEMENT:** In consideration of my participation in the sponsored activities of BuffLax, LLC, including: NIAGARA LACROSSE CLASSIC, FallBrawl Tournament, Buffalo Lacrosse Academy, I acknowledge, agree to and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the 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 myself, my heirs, and personal representatives, that BuffLax, LLC., the host organization, and sponsors of any BuffLax, LLC. sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
2. **MEDICAL ATTENTION:** I hereby give my consent to BuffLax, LLC. and the host organization of any BuffLax, LLC. sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in BuffLax, LLC. sanctioned events.
3. **READINESS TO COMPETE:** I will only participate in those BuffLax, LLC. competitions for which I believe I am physically and psychologically prepared to compete.
4. **PHOTOGRAPH AND VIDEO CONSENT:** I hereby give my permission to BuffLax, LLC. to use photographs or videotapes of my child for public relations or other purposes consistent with the purpose and mission of BuffLax, LLC. I further agree that said materials shall become the property of BuffLax, LLC, and I hereby release and discharge BuffLax, LLC. and its representatives from any and all claims that may arise by reason of taking said photographs or pictures.
5. In accordance with NCAA bylaws, I hereby acknowledge that I have paid in full to be a participant in the Niagara Lacrosse Classic. I also acknowledge that I have not received any discount to be a participant from any of the organizing and sponsoring groups.
6. **6. CODE OF CONDUCT:** I have read and agree to all terms in the BuffLax, LLC. Code of Conduct on the Niagara Lacrosse Classic's Website, especially with regard to my responsibilities as a player.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_