

TEXAS HIGH SCHOOL LACROSSE LEAGUE PARTICIPANT WAIVER & RELEASE

To: *The Player and Parent/Guardian of the Player Participating in the Texas High School Lacrosse League* (the “THSLL”)

(1) Each player/participant must read the statement below before completing and signing this Waiver & Release.

(2) Parents/Guardians of the player/participant signing this form must read the statement below before signing this Waiver & Release.

AGREEMENT:

In consideration of my participation in the THSLL, I acknowledge, agree, and understand that:

1. I have truthfully provided the coach/manager of my club/high school and the THSLL with all identifying information in order to be named on the roster my participating club/high school in compliance with the THSLL rules.
2. As a condition of participation and for the purpose of ensuring compliance with the THSLL rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA).
3. All information relevant to my eligibility and compliance with the THSLL rules may be discussed and considered in a public forum.
4. 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 THSLL, the host organization, and sponsors of any THSLL 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, or as a result of equipment that may have been provided to me for these activities.
5. I hereby give my consent to THSLL and the host organization of any THSLL related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in THSLL events.
6. I will only participate in those US Lacrosse competitions for which I believe I am physically and psychologically prepared to compete.
7. I have received a copy of the THSLL rules and I acknowledge that I agree to abide by the THSLL code of conduct.

Date _____

Date _____

Printed Name of Player

Printed Name of Parent/Guardian

Signature of Player

Signature of Parent/Guardian

**This form may also be executed and accepted by the THSLL in digital form.*