

# **UNH Lacrosse**

## **Girls Lacrosse Winter Skill Sessions**

*January 8<sup>th</sup>-Feb 12<sup>th</sup> 2009 (Feb 19<sup>th</sup> snow date)*

# **WAIVER OF LIABILITY**

**The below named student has my permission to participate in the UNH Lacrosse Winter Skill Sessions. I/We understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/We assume all risks and hazards incidental to conduct of the aforementioned activity. I/We do further release and forever discharge the Department of Athletics and the University of New Hampshire and their officers, agents, and employees from and against any and all claims, demands, and actions or cause of action. In the event of emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the Department of Athletics to provide medical attention to the aforementioned person, including (if necessary) hospitalization.**

**Name of Participant (Please Print):** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*Please mail completed form to UNH Lacrosse, 145 Main St, Durham, NH 03824 along with registration form.**