



# NDP Lacrosse Waiver & Medical Release Form

## \*\* MINORS AGES 17 & YOUNGER \*\*

Each of the undersigned hereby states: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages associated with my child's participation in a full-contact lacrosse tournament, clinic and related event to be held at the Wesley Chapel District Park in Pasco County, FL on January 1-3, 2010. I certify that my child is in good mental and physical condition. My child and I understand the inherent risks associated with playing lacrosse and we also understand the inherent risks of participating in this Competition.

I agree, on behalf of myself, my heirs, and personal representatives that NDP Lacrosse, LLC, its parent company, Kroenke Sports Enterprises, LLC (and KSE Media Ventures, LLC, [doing business as Altitude Sports & Entertainment]), NDP tournaments and their owners, members, directors, officers, agents, employees, volunteers and training staff including Pasco County, FL and the Wesley Chapel Athletic Association (collectively the "Covered Parties") shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my child's participation in an NDP tournament or any activities relating to NDP tournaments or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my child's participation in NDP. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability; I agree to indemnify the Covered Parties against any such claims. In addition, I hereby give my consent to NDP, its owners and operators and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in activities related to NDP tournaments. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

I further grant the Covered Parties and their respective successors and assigns the perpetual worldwide and royalty-free rights to use, with the possibly of sale for the profit of the Covered Parties, my child's voice, photograph, and likeness, even should it be in a humiliating light, in any media related to my performance in or observation of an NDP tournament or any activities relating to NDP tournaments conducted by the Covered Parties including, without limitation, a videotape recording, without compensation to me, or my personal representatives, assigns, heirs, children, dependents, spouse and relatives. I also agree that my child's contact information may be provided to businesses that are contributing to the tournament in a supporting role. \*You may opt out of having your contact information released to any third party event sponsors by calling 303.575.1906.

Team Name \_\_\_\_\_

Player name (please print) \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

Relation to player \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Medical Release

I authorize NDP Lacrosse, LLC and all Covered Parties to obtain necessary medical treatment for the Minor if the Minor is deemed medically unfit by a medical professional and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which the Minor is allergic or medications that the Minor is currently taking are listed below. I agree that the Minor shall bring medications which the Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any) \_\_\_\_\_

Allergic to (if any) \_\_\_\_\_

I acknowledge that the Minor suffers from the following conditions \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out and fax completed form to NDP Lacrosse / Attn: Brian Tatum at 720.931.2022 by December 1, 2009. You may also mail waivers to NDP Lacrosse/Attn: Brian Tatum/1000 Chopper Circle/Denver, CO 80204. All waivers must be received by December 1, 2009!

**PLEASE SEND WAIVERS IN AS A GROUP AND NOT INDIVIDUALLY!!**

[www.ndplacrosse.com](http://www.ndplacrosse.com)

