



Liability Waiver

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son to participate on a KYLA Lacrosse Team. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during the Lacrosse season, I hereby authorize the KYLA coaching staff to obtain medical treatment for my daughter/son for such injury or illness during the season. I hereby hold KYLA or any school district harmless in the exercise of this authority.

I understand and acknowledge that in participation on a Lacrosse Team, there is a possibility that my daughter/son may sustain physical injury or illness in connection with her/his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical injury or illness by her/his participation and I further release KYLA or any school district as well as their representatives for any claims for personal injury that my daughter/son may sustain during the season. I further understand and acknowledge that I will be responsible for any medical bills that may be incurred on behalf of my daughter/son for any physical injury or illness that she/he may sustain during the season.

Participant's Name (*print*): _____

Parent/Guardian Information:

Name (*print*): _____

Signature: _____