

WISCONSIN LAKERS MEDICAL RELEASE FORM AND LIABILITY WAIVER

To be completed legibly and signed by Participant AND Parent/Guardian.

Participant Name _____ Current Grade _____

Street Address _____ City _____ Zip _____

Phone _____ Email _____

Birth Date _____ School _____ School District _____

Emergency Contact Information (PLEASE PRINT):

Primary Contact Name: _____ Phone Number: _____

Secondary Contact Name: _____ Phone Number: _____

Participant Signature: _____ Date _____
(regardless of age):

To Be Read and Signed by Parent / Guardian:

I attest Participant is in good physical condition and has no disability, impairment or ailment that prevents them from engaging in exercise or sports activities. I have been advised to consult a physician regarding Participant's engagement in Wisconsin Lakers activities. I understand there is risk of injury or death by participation in Wisconsin Lakers activities, and I assume such risk. Further, in spite of acknowledged risk, Participant has my permission to participate in training, competition, events, activities and travel sponsored by the Wisconsin Lakers. I approve of the leaders in charge of this program, and understand they will serve to the best of their ability.

I understand and agree this document may be kept in possession of authorized adult team personnel and reasonable care will be used to keep this information confidential. I agree to allow authorized adult team personnel to release this information in the event of a medical emergency. I also certify to the best of my knowledge that the Participant is physically fit to engage in the activities described above. If Participant becomes ill or sustains injury during Wisconsin Lakers activities, I hereby authorize Wisconsin Lakers personnel to act on my behalf in obtaining care for said Participant, and I accept all financial responsibility for such care.

I voluntarily release and forever discharge and covenant not to sue the Wisconsin Lakers or related personnel from any and all liability, claims, demands, actions or right of action, which are related to, arise out of or are in any way connected with the Participant's participation in Wisconsin Lakers activities. Further, I agree, promise and covenant to hold harmless and indemnify the Wisconsin Lakers and related personnel from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which the Participant may cause to spectators or third parties in the course of the Participant's participation in Wisconsin Lakers activities.

Parent / Guardian Signature: _____ Date _____

Relationship to Participant: _____

For Wisconsin Lakers Use Only

Tryout Fee \$ _____ 1st Deposit \$ _____