

Sunday, November 7, 2010 – Radnor High School

Quaker Fall LaxFest

Team Name: _____

Player Name: _____

PARENTAL RELEASE FORM

I, _____, give permission for _____
to attend and participate in the Quaker Fall LaxFest on November 7, 2010 in Radnor, PA.

I authorize the directors of this tournament and the coaches and athletic trainers to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this event, understanding that this sport does involve potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during participation.
4. Agree not to bring suit against Quaker Fall LaxFest or Radnor High School for any injury sustained.
5. Agree to allow the tournament directors and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.

Emergency Contact Information

Day Time Phone _____ Evening Phone _____

Parent Cell _____ Relationship _____

Alternate Emergency Contact _____

Relationship _____ Phone (day) _____ Evening _____

Insurance Carrier _____

Policy Number _____

Policy Holder's Name _____

Signature of Parent

Date