



Release of Liability

I, the parent/guardian of the club member, a minor, agree that I will abide by the rules of the Sarasota Military Academy Lacrosse Team, its affiliated organizations and sponsors. Recognizing the possibility of physical injury with sports and in consideration for the Sarasota Military Academy Lacrosse Team accepting the registrant for its sports programs and activities, I hereby release, discharge and or otherwise indemnify the Sarasota Military Academy Lacrosse Team, its affiliated organizations and sponsors, their employees, and associated personnel, including Sarasota County, Sarasota County School Board, McIntosh Middle School, Sarasota Ringling Redskin Inc, the City of Sarasota, Ed Smith Stadium, The Cinncinnati Reds and their facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrants participation in the programs and/or being transported to or from same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I undertand and agree that as part of playing on this team my name and photo can and will appear, in print, media, and digitally. I affirm that the information given above is true and correct.

Player/Cadet Name _____

Name of Parent/Guardian _____

Signature _____

Date _____