WAIVER AGREEMENT / INSURANCE

Waiver Agreement. I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of the Minor Lacrosse Association, the British Columbia Lacrosse Association (BCLA), and the Canadian Lacrosse Association. In consideration of this application I agree to play under the auspices of the BCLA, its officers, successors, member associations and anyone acting on their behalf, and hold them free and clear from all manner of litigation, damage claims or demands in law or in equity which may have legal recourse by reason of personal injury (including death) to myself, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of the BCLA, its officers, successors, member associations and anyone acting on their behalf, which may occur during or by reason of my participaing in games under its jurisdiction. This certificate has been issued at the discretion of the Association and may be suspended by them for cause.

Insurance. The SBC Insurance provides the BCLA athletes with Extended Medical/Dental Benefits and \$5 Million Liability insurance coverage. Insurance brochures outlining the details of the insurance coverage are available through the BCLA.

PLAYER RELEASE REQUEST FORM

This form must be included with the White copy of the registration form submitted to the BCLA, with a copy to the Local League who in turn will forward it to the appropriate Division Commissioner.

Name of Player:		Name of Parent/Guardian:		
Date:		Parent/Guardian Signature:		
Name of Releasing Association/Team:				
Authorized Association Official:			(Please tick one only)	
Date:	Print Name Phone Number: ()	Signature	Current Season Only ————————————————————————————————————	
Name of Accepting/Joining Association/Team:			8 8 8	
Authorized Association Official:				
Date:	Print Name	Phone Number: (Signature)	
Authorization of League: Approved	Declined			
Date:		Signature:		