

DELANO AREA SPORTS ARENA  
AND  
DELANO LACROSSE  
INDIVIDUAL WAIVER FORM

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant E-mail Address \_\_\_\_\_

Parent Name \_\_\_\_\_

In case of emergency list your Hospital of Choice \_\_\_\_\_

**WAIVER OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION**

The undersigned understands that Lacrosse, Dodgeball, Roller Hockey, Floor Hockey, Handball, and any and all Cross Training endeavors may place the athlete(s) in a dangerous position where a serious physical injury and or death may occur. By assuming the risk and participating in any of these events or leagues, the undersigned hereby releases and forever discharges all entities/persons, the Delano Area Sports Arena, Delano Lacrosse, or any of its officers, advisors, directors, managers, coaches, assistants, volunteers and sponsors from any and all claims for damages or injuries which may be suffered by the participant now or in the future at any events held by the Delano Area Sports Arena.

In addition, the undersigned hereby certifies that to the best of their knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravated or cause harm to the participant or others in these events.

In case of emergency or injury, I hereby authorize the employees of Delano Area Sports Arena to assist and seek medical attention for the participant. Any financial costs associated with such injuries will be the responsibility of the participant and/or guardian.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date  
If participant is under 18 years of age