

Summer Slam Boys Lacrosse Tournament Player Enrollment Contract

**YOU MUST PRESENT THIS TO YOUR COACH TO BE MAILED  
TO THE TOURNAMENT DIRECTOR BY WED. JUNE 1, 2011**

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

The Pattison Sports Group LLC and NXTsports has reserved a place for your child ("the participating student") and their team at the Summer Slam Lacrosse Tournament ("the Summer Slam") taking place Saturday, June 25, 2011, and Sunday June 26, 2011, in reliance upon the completeness and accuracy of information contained herein. The undersigned parent or legal guardian hereby agrees to enroll the participating student based on the terms and conditions stated herein. The undersigned parent(s) or legal guardian(s) are hereinafter collectively referred to as "I" or "me."

**I. Medical Insurance Information:**

The Summer Slam will provide a certified athletic trainer on-site to respond to anyone in need of medical attention. Accordingly, I hereby authorize the Summer Slam directors to act for me according to their best judgment in case of any situation requiring medical attention.

I understand that every participating student is required to have health insurance coverage that provides an appropriate level of benefits befitting a participant in a contact sport including lacrosse. Participating students cannot be registered without providing the following complete health insurance information as follows:

**Medical Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Medical Conditions to be aware of:** \_\_\_\_\_

**II. Waiver, Assumption of Risk, and Release of Liability:**

I recognize that participation in the Summer Slam places the participating student at physical risk as there is an inherent risk of injury when playing a contact sport such as lacrosse. **I agree to assume that risk.** Although the Summer Slam directors have taken reasonable measures to protect the participating student, I realize accidents, illness and injuries may still occur. I hereby waive, release and forever discharge the Pattison Sports Group LLC, NXTsports, The Episcopal Academy, the Summer Slam, its staff, representatives, employees, successors and assigns of and from any and all rights and claims for damages to person and property which may be sustained or occur during participation in the Summer Slam by the participating student whether paid damages, injury or loss are due to negligence or not.

**III. Media Waiver**

I grant the Summer Slam permission to use the participating student's name, image, voice, and identity in any program for promotion of the Summer Slam, including written materials, website materials, video, audio, or other forms, without prior consent of compensation.

**IV. Force Majeure**

I understand in the event the Summer Slam does not take place due to natural disaster, pandemic, a severe weather event, acts of war, acts of God or force majeure, that \$450 of my team's registration will not be returned.

**I have read the entire enrollment contract, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

**Parent or Legal Guardian Name (please print):** \_\_\_\_\_

**Parent of Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_