

## Waiver of Liability

In signing this application, I release the University of Hartford's Women's Lacrosse Team, University of Hartford, University of Hartford Athletics, Decker Lacrosse LLC & other involved parties from any claims or responsibility for injuries suffered in the tournament. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in the Lacrosse event at the University of Hartford. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

---

Camper Signature (Parent/legal guardian if under the age of 18)

---

Date

## Insurance Information

Insurance Company/Provider:

Policy Number:

Policy Holder's Name:

Policy Holder's Date of Birth:

Name of Insured:

Date of Birth of Insured:

Known allergies: