

# Washington College Lacrosse Camp

July 5-8 2010

## Parental Release and Insurance Information

Participant Name:

Coverage for accidental injury is required by all participants. In most instances this is covered by your family health insurance.

Insurance Policy Provider:

Policy#:

Name on Policy:

I/We, being the legal guardian(s) of the applicant, authorize Washington College Lacrosse Camp and their agents, permission to request medical treatment as necessary to insure the well-being of my dependent.

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive and release and forever discharge Washington College Lacrosse Camp, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the tournament.

I/We understand that the participant has had a physical from a certified physician in the last 12 months and is in good physical condition, allowing him to participate in the Shoremen Indoor Shootout.

Guardian Name (Please Print):

Relationship to Participant:

Guardian Signature:

Please initial for electronic filing.

DATE:

If sending electronically please include the participants name at the end of the title before sending by e-mail. Addressed to [prichards2@washcoll.edu](mailto:prichards2@washcoll.edu)

Mail to Washington College  
Men's Lacrosse  
300 Washington Ave.  
Chestertown, MD 21620