

# Oregon Elite Lacrosse Try-out Liability Waiver

*All players must bring completed form to field in order to participate in try-outs.*

Name: \_\_\_\_\_ US Lacrosse # \_\_\_\_\_  
School: \_\_\_\_\_ Position: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact for date/time of tryout (print name and phone):  
\_\_\_\_\_

In signing this waiver, I \_\_\_\_\_, as a participant of the Oregon Elite Try-outs, hereby release Oregon Elite / Oregon All Star Association (OASA), Lake Oswego HS and Community School, and all appointed coaches, administrators, and other involved parties from any claims or responsibilities for injuries suffered during tryouts, practice sessions, drills or competition.

I, \_\_\_\_\_ knowingly assume all risks associated with participation in any Oregon Elite function or scheduled event, even if arising from the negligence of the participants or others.

I, \_\_\_\_\_ certify that I am in good physical condition and have no restrictions on my ability to participate in any practice session or event.

I, \_\_\_\_\_ authorize the site directors, Lauren Anderson, Patty Beghtel, or administrators to request medical treatment as necessary to insure my well being. If at any time I feel my condition or health has changed, it is my responsibility to notify said directors and/or appointed coaches, administrators, and/or other responsible parties.

Date: \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_