



ANNUAL TOURNAMENT WAIVER OF LIABILITY

TEAM NAME

NAME

BIRTHDATE

ADDRESS

SCHOOL

CITY/STATE/ZIP

GRADUATION YEAR

HOME PHONE

EMAIL ADDRESS

US LACROSSE MEMBER

EXP. DATE

Release of Liability Clauses:

I hereby release and discharge *Diane Whipple Foundation*, its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation in the *Diane Whipple Foundation* Tournament on October 18, 2009. I authorize *Diane Whipple Foundation*, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge *Diane Whipple Foundation*, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant *Diane Whipple Foundation* permission to use my name and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon *Diane Whipple Foundation* for reimbursement for use of this material.

PARTICIPANT'S SIGNATURE

DATE

PARENT/GUARDIAN'S SIGNATURE (for those participants under 18 years of age)

DATE

Mail this form to:

Diane Whipple Foundation | PO Box 813 | Plandome NY 11030

For more information, including direction, go to our website at: www.dianewhipplefoundation.org

Or email us at: info@dianewhipplefoundation.org Or call: 516-767-7862