

Paradise Sports Entertainment, LLC

WAIVER OF LIABILITY

In consideration of participating in a Paradise Sports Entertainment, LLC program, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Paradise Sports Entertainment, LLC, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Paradise Sports Entertainment, LLC program. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Player's Name _____

Signature of Parent/Guardian _____ Date _____

MEDICAL RELEASE AUTHORIZATION

I/we, being the legal guardians of the applicant authorize the staff Paradise Sports Entertainment, LLC and their agent's permission to request treatment as necessary to ensure the wellbeing of our dependent. I certify that he is in good health and able to participate in the scheduled games/tournaments.

Signature of Parent/Guardian _____

Date _____

Health Insurance Company _____

Health Insurance Policy Number _____