

New Zealand Lacrosse Event Waiver Form

_____ ('the Event')

I declare that:

1. I am in an appropriate physical condition to participate in the Event, given the known parameters of the Event (such as the length, time, physical demands and environmental context).
2. I have taken medical advice on any pre-existing medical conditions, and confirm that it is medically safe for me to participate in the Event.
3. I acknowledge that there are risks involved in playing lacrosse and in the Event. I fully realise the dangers of participating in the Event, and fully assume the risks associated with my participation and my wellbeing and safety during and after the Event. I understand and acknowledge that the Event organisers (including all officials and event volunteers) provide no warranties, regarding my wellbeing and safety.
4. I understand and agree that situations may arise during the Event, which may be beyond the immediate control of the Event organisers (including all officials and event volunteers).
5. I will participate in the Event, in a manner that does not endanger either me or others.
6. I agree that to the extent permissible by law, the Event organisers (including all officials and event volunteers), the sponsors and other parties associated with the Event, have no liability to me whatsoever for any direct or indirect loss, (including, but not limited to injury or death) sustained by me during or in any way related to my participation in the Event.
7. I authorise the use of my name, voice, picture and information in any broadcast, telecast, promotion, advertising, and in any other way, without payment to me or any other form of compensation. A Non-Consent of Image/Photo Form is available upon request to the NZL Operation Manager.
8. I agree to comply with the rules, and regulations pertaining to the Event.
9. I agree to follow all reasonable safety instructions provided to me by the Event organisers, (including all officials and event volunteers) before, during and after the Event.



10. I consent to receiving medical treatment in the event of illness or injuries suffered during or immediately after the Event.
11. In the event of any 'act of God' conditions causing a cancellation of the Event, I agree that my total entry fee may not be transferable or refundable.

Name:

Signed:

(Signature of parent/guardian/caregiver if entrant is aged under 18)

Date: