

**Michigan State University  
2009 Women's Lacrosse Camp  
Liability Form**

**PLAYER Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Preferred E-mail address** \_\_\_\_\_

**Parent cell phone** \_\_\_\_\_

**Emergency contact info:**

**Name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Attach written information on any special medical issues, life threatening allergies or medications. Include any religious objections to medical treatment.**

**Doctor's name and phone number:** \_\_\_\_\_

**Dentist's name and phone number:** \_\_\_\_\_

**RELEASE OF LIABILITY: I certify that I have legal authority to give this release on behalf of the PLAYER named above. On behalf of PLAYER, her estate and any party claiming for themselves or on behalf of PLAYER, I hereby release Michigan State University, the Michigan State University Lacrosse Club, all Clinic Staff, and their agents, representatives and assigns, from liability for personal injury, death or property damage or loss to PLAYER arising from Clinic participation, and I agree to indemnify and hold such released persons harmless for any such liability caused to a third party by PLAYER.**

**Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Relationship to player:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_