

Waiver & Release

I certify that the above Named Applicant is emotionally ready, in good Health and is given my permission to participate in this program. I understand that there is some risk in playing lacrosse and lacrosse related activities. I certify that my child has no ailments or disabilities that would prevent my child from participating in Celtic Lacrosse activities. I hereby agree to hold harmless Celtic Lacrosse its agent's employees and contractors from any and all claims for injury or illness incurred by my child during participation in this program. In case of emergency, I grant permission to have my child given emergency treatment at a local hospital. I also grant permission for any photographs taken of my child in the program to be used for future promotional use.

Signature\_\_\_\_\_

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