

**Insurance Waiver, Emergency Medical Care Policy, Indemnity and Hold Harmless Agreement and
Discipline Policy for
VELOCITY TRAVEL TEAM TRYOUT
September 8, 2019**



PLEASE READ CAREFULLY BEFORE SIGNING

I understand that,

-If my child's behavior is disruptive or harmful in any way, Velocity Staff or the Coaching staff reserves the right to expel the participant from the tryout.

-By signing this form, I agree not to hold Velocity Lacrosse & Sports, Voice of America Park, Coaching Staff members, officials or any of their members or trustees, liable for any and all injuries that may occur to my child while participating in the tryout or on the property of Voice of America Park in West Chester, OH.

-I authorize the Coaching staff or Velocity staff to select and secure medical attention including any medical transport as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

-I hereby release said coaches or organizers from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

- I realize that Velocity Lacrosse & Sports, Voice of America Park and its organization does NOT provide insurance protection and that my child is playing at their own risk.

I _____ **(PARENTS NAME)**

am completing this for in regards for my child

_____ **(PRINT PLAYERS NAME)**

And do agree to indemnify and hold harmless VELOCITY LACROSSE & SPORTS and its employees/volunteers, from and against all claims, damages, losses and expenses, including attorney's fees in case it shall become necessary to file an action arising out of performance of the work herein which is for personal or bodily injury, illness or death, or for property damage. This indemnification and agreement shall apply in all instances whether VELOCITY LACROSSE & SPORTS is made a party to the action or claim or is subsequently made a party to the action by third-party in-pleading, or is made a party to a collateral action arising in whole or in part from any of the issues emanating from the original cause of action or claim.

I have read and do understand the insurance waiver, emergency medical care policy, indemnity and hold harmless agreement and the discipline policy herein and I agree to abide by and adhere to its terms.

By: _____ **(signature of parent)**

Date: _____

Emergency Phone Number : _____

Medical Insurance Co. and ID# _____