Hobart Lacrosse Battle on the Boz

RELEASE/MEDICAL AUTHORIZATION:
I, the undersigned, as coach/team representative of the ___________________________ team listed on attached roster, ask that they be admitted to participate in a tournament at Hobart and William Smith Colleges further known as “The College”. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless “The Colleges”, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the team members of the said team listed above arising out of their attendance of the tournament or in the course of competition and/or activities held in connection with said tournament. I (we) understand that: (1) I am hereby representing to “The Colleges” that I will have adequate health insurance on my team while they are attending the tournament; (2) I am hereby waiving and releasing “The Colleges” from any and all liability for any injuries incurred by my team while attending the tournament; (3) I will provide a certificate of insurance listing Hobart & William Smith Colleges as additionally insured; (4) The team will pay all costs incurred by the Colleges as a result of any failure by my team to respect and maintain camp facilities and/or to observe camp rules and regulations.

I also hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, taped appearance, testimonial, written submissions, or interview of/with the members of my team in connection with publicity, advertising and promotional activities containing the likeness, name and/or voice of said child by “The Colleges” or by successors for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if “The Colleges”, it assigns or successors so desires. The undersigned further releases and discharges “The Colleges”, its successors or assigns, from any and all claims and demands, and waives and foregoes any and all legal or equitable actions arising out of or in connection with the use of said media.

I hereby authorize emergency or other medical treatment for my team members that may be deemed necessary by attending medical personnel while they are attending this tournament. Insurance coverage for accidental injury of all participants is REQUIRED. I will have on hand at all times a copy of each player’s medical/health information and parental release forms while the team is participating in the tournament.

Signature requested:

Coach Signature:

Please provide the Conferences and Events Office with the following to secure a space:
Signed Release/Medical Authorization Form
Completed Roster
Check made payable to: Hobart & William Smith Colleges
Certificate of Insurance
You can mail, drop off in person, or scan and email:
Mailing: 300 Pulteney Street, Geneva, New York 14456
Drop off: 678 South Main Street, Geneva, New York 14456
Scan and e-mail paperwork to events@hws.edu