

Sergio Salcido-Dylan Maltz Clinic

Wesley Chapel Athletic Association Waiver of liability:

I agree that I will abide by the rules of the WCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury, death or disability, including exposure to Covid-19 or other infectious diseases, with sports and in consideration for the WCAA allowing use of the fields, I hereby release, discharge and/or otherwise indemnify the WCAA, Sergio Salcido, Dylan Maltz, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any and all claims by or on behalf of the undersigned as a result of undersigned participation in WCAA lacrosse programs and/ or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the undersigned.

WCAA may be taking photos, videos, and other images of our participants throughout the session or season. These images will be the property of the WCAA and may be shared with the media and posted on the internet. The WCAA is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

I affirm that the information given above is true and correct.

Full Name (printed): _____

Signature _____

Phone number: _____

Date: _____