Shred Thread, LLC

WAIVER OF LIABILITY

In consideration of participating in a Shred Thread, LLC program, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Shred Thread, LLC, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Shred Thread, LLC program. I am fully aware and appreciate the risks, including the risk of a catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Player's Name	_
Signature of Parent/Guardian	Date
MEDICAL RELEASE AUTHORIZATION	
I/we being the legal guardians of the applicant authorize the sta and their agent's permission to request treatment as necessary to of our dependent. I certify that he is in good health and able t scheduled games/tournaments.	ensure the well being
Signature of Parent/Guardian	
Date	
Health Insurance Company	-
Health Insurance Policy Number	