

## WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS

By affixing my signature to the bottom of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into the following agreements IN CONSIDERATION OF my being able to participate in any way as a volunteer at practices, games or other activities. ("EVENTS") sanctioned by the Field Hockey Federation, Inc. ("FHF") as well as IN CONSIDERATION OF my being able to enter into or upon the premises or facilities where the EVENTS are or will be taking place.

**WAIVER, CONSENT AND RELEASE OF LIABILITIES:** I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless FHF and its officers, employees and volunteers and any person or organization that provides information for or to FHF concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with FHF. I acknowledge that I have the right to receive a copy of any background check report secured by FHF. If I have checked the box following this sentence, I would like to receive a copy of any such background check.  Yes

If accepted as an FHF volunteer, I hereby agree to abide by the FHF Bylaws, rules, regulations, policies and philosophies, and all decisions and direction by the Board of Directors and staff, and I understand that I may be removed as an FHF volunteer at any time with or without cause.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in field hockey necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones or teeth, dislocation of joints, concussions, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, FHF, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by FHF and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that FHF is primarily administered by volunteers rather than paid professionals.

I agree the terms and conditions hereof shall apply to all my volunteer participation in FHF, regardless of the year or season in which participation takes place, unless superseded by a new volunteer application.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion of this Disclaimer, Assumption or Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Field Hockey Accident Insurance Plan are set forth in a pamphlet available from the Safety Director and either I have read and understand the terms or I will do so before I volunteer. For both internal and external use, I acknowledge that FHF may compile and use addresses and field hockey photographs of me consistent with the FHF Privacy Policy. I consent to such uses and hereby waive all rights to approval and compensation.

**I HAVE READ THE DISCLOSURE STATEMENT PRINTED ON THE REVERSE SIDE OF THIS PAGE, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OR ANY KIND. FURTHERMORE I AGREE TO INFORM FHF IN A TIMELY MANNER IF ANYTHING OF THIS FORM OR ITS ATTACHEMENTS CHANGES.**

Signature: \_\_\_\_\_

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