

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the United States Field Hockey Association athletic/sports program, and related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent injury and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death, and,
3. I knowing and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation, and,
4. I, for my self and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the Field Hockey Federation, United States Field Hockey Association, their officers, officials, affiliated organizers, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event, all of which are hereafter referred to as "releases", with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or other wise, to the fullest extent permitted by law.

I/WE HAVE READ THE ABOVE WAIVER AD RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (Signature/Relationship): _____ DATE: _____

PRINTED NAME OF PARTICIPANT: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

EMERGENCY AUTHORIZATION

We the undersigned, parents of the participant, a minor, do hereby authorize the coach, assistant coaches or parent of team members acting in the capacity of activity supervisor/van driver, as agents of the undersigned, to consent to Medical, Surgical or Dental Examination, Treatment, etc. In case of emergency, I/We hereby authorize treatment and/or care of registered player at ANY hospital. If there is an emergency and I/We cannot be reached:

PLEASE CONTACT _____ Telephone Number _____

Full Name and Address of Contact Person. The above named person is Hereby Authorized to Act on My/Our behalf

X _____ DATE _____

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGMENT OF DISCLAIMER

Signature of parent/Guardian of Adult Player Over 18 years of age

If you wish a family doctor be contacted in an emergency, please list name and telephone number below

Please print doctors name: _____ Phone number: _____

INSURANCE INFORMATION

INSURANCE COMPANY NAME

POLICY NUMBER

No insurance but I will take Personal Financial Responsibility

X _____
SIGNATURE DATE

MEDICAL INFORMATION

Does the participant have a history of illness or allergies

NO _____

YES _____

Please states problems

PLEASE LIST REGULAR MEDICATIONS

ANY PROBLEMS THAT WE SHOULD BE AWARE OF?

