

# **IFHCK WAIVER & RELEASE FORM**

Must be completed by ALL members

In consideration of being allowed to participate in any way in the IFHCK Field Hockey programs, 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 or participation, 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 of Serious injury, including permanent disability and death, and sever social and economic losses which may Result not only from their own actions, inactions or negligence but the action, 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 knowingly 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 myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold

harmless the IFHCK Field Hockey Program, its officers, officials, affiliated clubs, their respective administrators, directors, IFHCK Staff & coaches, facilities for practices and contests, agents, other coaches, and other employees of the organization, other participants, sponsoring a

advertisers, and , if applicable owners and lessors of premises used to conduct the event, all of which are herein-

after referred to as "releasees," with respect to all and any injury, disability, death or loss or damage to person

or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I

have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Participant Full Name

\_\_\_\_\_  
Team number

\_\_\_\_\_  
Participant's signature (even if under 18) Date

**For parents/guardians of participants under 18 at time of registration.**

This is to certify that I, as parents/guardian with legal responsibility for this participant, do consent and agree to his/

her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release

and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's

involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest

extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Signature/ Date

Insurance Company & Policy Number \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

Doctor & Dentist Name \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_