

## IFHCK Event /Tournament Waiver

### PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT FORM

In consideration of the services of the IFHCK Field Hockey., their officers, agents, volunteers, participants, and all other persons or entities acting in any capacity on their behalf (hence named as representatives), I hereby agree to release and discharge IFHCK Field Hockey Inc. on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that field hockey entails known and anticipated risks which could result in physical or emotional injury, including fatality, and/or damage to me, to property, or to third parties. I understand those risks simply cannot be eliminated without jeopardizing the activity. The risks include, among other things; colliding with another player or players, walls, or barriers; falling or tripping onto the field, floor, turf, barrier or other persons; getting hit by a stick, ball, or person.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless IFHCK Field Hockey Inc. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of IFHCK Field Hockey Inc. equipment and/or facilities, including any such claims which allege negligent acts or omissions of IFHCK Field Hockey Inc. and its representatives.
4. Should IFHCK Field Hockey Inc. or its representatives be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless them for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any condition.
6. I certify that my daughter is a current USA member with the valid membership throughout the tournament

By signing this document, I acknowledge that if I or anyone else is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit or claim against IFHCK Field Hockey Inc. and its representatives on the basis from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address with City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name)

("Minor") being permitted by IFHCK Field Hockey Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless IFHCK Field Hockey Inc. from any and all claims which are brought by, on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of team/club name: \_\_\_\_\_ Age Group: \_\_\_ U12 \_\_\_ U14 \_\_\_ U16 \_\_\_ U19