

## 2018 Stryker Tournament Waivers

This PDF contains all of the local tournament player release/waiver forms that we have to date. You must fill out ALL of the forms for EVERY tournament – whether you think you will be attending or not. When turning in forms make sure they are stapled, paper clipped or in an envelope with a first and last name on each sheet.

Waivers included in this packet:

Fill out ALL of the forms in this packet. They are due by **Feb. 11<sup>th</sup>**. You can bring them to practice or mail them to:

Stryker Field Hockey Club  
4566 Napa River Ct.  
San Jose, CA 95136

Do not email these forms as they all have to be printed out and turned in to tournament organizers. We will not be printing individual player's forms. You will need to print them and turn them in.

**NOTE:** Players will not be placed on any tournament teams if completed waivers have not been turned in by the due date above. We will not “chase” you for forms. Also, the Davis tournament waiver will be online so we will send instructions on how to fill out this waiver.

An additional tournament or two may be added as we go through the season. We will distribute any additional waiver forms needed as we enter teams in those tournaments.

**2018 Sports Camp at Stanford University**  
**Assumption of Risk Release of Claims, Indemnity and Hold Harmless Agreement**  
**and Photo/Video Release form**

The parties to this Release are \_\_\_\_\_ (Participant), \_\_\_\_\_ (Participant's parent(s) or legal guardian, if Participant is under 18, all referred to hereafter jointly and severally as "Participant") and the Board of Trustees of the Leland Stanford Junior University its officers, trustees, faculty, agents, contractors, representatives, volunteers, students and employees (collectively referred to hereafter as "Stanford") for the 2018 \_\_\_\_\_ Camp at Stanford University ("Stanford Summer Program").

Participant is a voluntary participant in the Stanford Summer Program. Participant understands and agrees that such activities may be dangerous. Participant is apprised that Stanford will not be subject to claims or suit to be made by or on behalf of Participant or Participant's heirs, representatives or assigns as a consequence of Participant's participation in the Stanford Summer Program.

Assumption of Risk. Participant expressly understands and agrees that the Stanford Summer Program presents risks to Participant and/or her/his property. These risks can include, among others (by way of example and without limitation): disease risks; injury to the muscular, skeletal or nervous systems; injury to internal organs; scratches, bruises, contusions; loss or damage to sight, teeth or hearing; paralysis; concussions; brain damage; other serious injury and/or death. Participant is responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant may take part in, whether as a component of the Stanford Summer Program or separate from it, will be considered to have been undertaken with Participant's approval and understanding of any and all risks involved.

It is Participant's intention that this assumption of all risks shall be legally binding and a complete bar to Participant, Participant's heirs, personal representatives, relatives and assigns. This assumption of risk applies to all activities arising out of, associated with or resulting directly or indirectly from Participant's participation in the Stanford Summer Program, including but not limited to those risks listed above.

Participant further recognizes, understands and agrees that neither Stanford nor the Stanford Summer Program assumes responsibility for any liability related to damage or injury that may be caused by Participant's negligence or willful acts committed prior to, during or after participation in the Stanford Summer Program, or any liability, damage or injury caused by others, including other participants.

Adherence to Standards. Participant understands and agrees to abide by all Stanford policies, rules, and regulations and to all the Stanford Summer Program's rules and regulations.

Release of Claims. In consideration of being accepted into and/or participating in the Stanford Summer Program, Participant agrees for Participant and on behalf of Participant's heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, to release and discharge Stanford and Stanford Summer Program of and from and acknowledges that there is no responsibility on the part of Stanford for any and all claims which may arise from any cause whatsoever, including any negligent act or omission by Participant, Stanford or others.

Participant intends that both the assumption of risk and the release of claims be complete defenses to any and all actions, claims or demands that Participant, Participant's heirs or legal representatives have or may have for injuries to person or property, including death, as a result of activities for which the Participant has assumed risks and/or released claims.

Indemnification and Hold Harmless. Participant hereby agrees to indemnify, defend, and hold Stanford and Stanford Summer Program harmless from any injury, loss or liability whatsoever including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand that Participant, Participant's heirs or legal representatives, has or may have for any and all personal injuries Participant may suffer or sustain, regardless of cause or fault as a result of, arising out of, associated with, or resulting directly or indirectly from Participant's voluntary participation in or decision to participate in the Stanford Summer Program, travel to and from the Stanford Summer Program and any and all related activities, on or off of Stanford's campus. This Indemnification and Hold Harmless Agreement is intended to be all encompassing.

Physical Condition and Insurance. Participant attests that she/he is physically and mentally capable of participating in, and has no known health restrictions that might jeopardize her/his safety or health or the safety or health of others during their participation in the Stanford Summer Program. Participant gives permission for Stanford or its representative to provide immediate and reasonable emergency care should it be required. Participant agrees to be solely responsible for payment in full of all costs of medical care she/he may receive.

Severability. It is understood and agreed that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.

Governing Law and Venue. This Agreement shall be construed in accordance with, and governed by, the laws of the State of California. The venue for any action arising out of this Agreement shall be the County of Santa Clara, State of California. The parties agree to submit to jurisdiction in Santa Clara County, California.

Construction and Scope of Agreement. The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Assumption of Risk, Release of Claims, Indemnification, and Hold Harmless and Agreement supersedes any prior or contemporaneous written or oral understandings or agreements between the parties.

Photo/Video Release. I hereby authorize Stanford University to use, reproduce, and/or publish photographs, video, other digital representations, and/or audio that may pertain to Participant , including Participant’s image, likeness and/or voice (collectively “Participant”). Participant hereby authorizes Stanford University to edit, alter, copy, exhibit, publish or distribute the Works for any lawful purpose. Participant waives any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. Participant also agrees that by signing below, Participant releases Stanford University any and all of its representatives from any and all monetary obligations or payments to me or any of my authorized representatives for use of video, films, photographs, image, other digital representation and/or voice of Participant . Participant understands that this material may be used in various publications, public affairs releases, recruitment materials or for any other purpose consistent with the mission of Stanford University. This material may also appear on one or more Stanford University websites. This authorization is irrevocable and Participant hereby holds harmless and releases and forever discharges Stanford University and its representatives from all claims, demands, and causes of action which Participant , Participant’s heirs, representatives, executors, administrators, or any other persons acting on Participant’s behalf or on behalf of Participant’s estate have or may have by reason of this authorization.

Goggle Use. Participant acknowledges that there is conflicting information about benefits and risks related to the use of goggles when participating in the Program. Participant understands that Stanford takes no position on and makes no recommendation regarding the use of goggles and that Stanford neither recommends or discourages the use of goggles. Participant assumes all risks associated with the decision to use or not use goggles when participating in the Program.

Please Initial to indicate whether you are the parent or legal guardian of the minor  
( ) Parent ( ) Legal Guardian

Participant acknowledges that he/she has read this Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement, understands its meaning and effect, and agrees to be bound by its terms.

Participant’s Name Printed \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Custodial Parent or Legal Guardian (if Participant under 18) \_\_\_\_\_

Custodial Parent or Legal Guardian Name Printed \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

# Infinity Sports Club Tournament Waiver Form

**Event:** Infinity Indoor Tournament - Fools Fest

**Date of Event:** February 17, 2018 and/or February 18th 2018

**Participant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: B / G (circle one)

Parents Name: \_\_\_\_\_ Parents Email: \_\_\_\_\_

Parents Cell #: \_\_\_\_\_ Alt. Cell #: \_\_\_\_\_

**Additional Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Participation Waiver

I am aware that participation in Infinity Field Hockey or Soccer programs or the use of Field hockey/Soccer equipment creates risk of injury, and I, on behalf of myself and the participant's, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I, for myself and the participant(s) listed above, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Infinity Sports Club and their affiliates, officers, members, volunteers, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all programs of Infinity Sports Club and/or the use of any field equipment.

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

Print Name \_\_\_\_\_

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

**US SPORTS CAMPS - HEALTH & RELEASE FORM**

**\*MAIL ALL FORMS PRIOR TO CLINIC\***

(You will not be admitted to camp without this form, completed and signed on both pages.)

**CAMPER'S NAME** \_\_\_\_\_

**SPORT:** Field Hockey                      **CAMP LOCATION:** U.C. Berkeley                      **CAMP DATES:** March 10-11 and/or 17

**Sex:** \_\_\_\_\_ **BirthDay:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Address** City State Zip \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**My Phone Number while named camper is at camp (if different from above)** ( ) \_\_\_\_\_

**Person to contact in the event I cannot be reached** \_\_\_\_\_ **Phone number** ( ) \_\_\_\_\_

**HEALTH & GENERAL HISTORY**

If the camper should be restricted from any activity please note: \_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug and dosage: \_\_\_\_\_

Please identify any medical condition or medical history that would require special attention: \_\_\_\_\_

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles    Measles Mumps    Asthma    Chicken Pox    Pneumonia    Diabetes    High Blood Pressure

Immunizations		Allergies		Drug Reactions		Comments:
Type	Yes/No	Type	Yes/No	Type	Yes/No	
Tetanus Toxioid		Hay Fever		Sulpha		
Polio Vaccine		Asthma		Penicillin		
Measles		Eszema		Antibiotics (type)		
Rubella		Insect Stings		Aspirin		
Mumps		Nuts		Other		
		Other		Other		

**Physician's Name:** \_\_\_\_\_ **Telephone** ( ) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

**Carrier Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_ **Policy Holder Date of Birth:** \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)

Please initial this box if you DO NOT want your child to receive over the counter medications.

I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF US SPORTS CAMPS, INC., AND HERBY AGREE TO ACT IN ACCORDANCE. For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to USSC royalty free the right and authority to use, reproduce, and distribute, quoted material, my child's photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as USSC in its sole discretion will deem appropriate. I also grant US Sports Camps, Inc. permission to give Nike, Inc. camper's name, address, date of birth, gender, phone, electronic mail address and sports interests for direct marketing purposes.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

1. In consideration of my minor child/ward \_\_\_\_\_ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that: The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risk of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, US Sports Camps, Inc., (USSC), NIKE, Inc., their officers, directors, officials, agents, owners and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**Agreement to Arbitrate Disputes**

IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, EMPLOYEE, OR AGENT OF THE CAMP OR OF ANY FOREGOING ENTITY, EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES.

In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. In the arbitration itself, each party shall bear its own attorneys’ fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

- A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES.
- B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL.
- C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS.
- D) THE ARBITRATOR’S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY’S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED.
- E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify US Sports Camps, Inc., NIKE, Inc., their officers, directors, owners, officials, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**University of California: Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

In consideration of being permitted to participate in any way in the camps that I have enrolled my child in, as listed on the Registration Form; hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents (collectively the "Releasees") from liability from any and all claims including negligence, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

I also agree to INDEMNIFY AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**University of California: Camps Program Participant Agreement**

I give permission to USSC to transfer the following data to the University: my name, contact information, phone number, and camp session(s) attended; and if my child is a camp participant, my child's name, contact information and phone number (if different from mine), date of birth, and gender. I further give permission to the University to use such data in furtherance of its marketing, development, and promotion efforts, and other purposes consistent with increasing the profile and reach of the Intercollegiate Athletics Department."

In consideration of being permitted to participate in any way in the camps that I have enrolled my child in, as listed on the Registration Form; hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents (collectively the "Releasees") from liability from any and all claims including negligence, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

I also agree to INDEMNIFY AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_



**UNIVERSITY OF THE PACIFIC  
SPORTS CAMP/CLINIC**

In consideration of the services of the University of the Pacific, its officers, agents, employees, trustees and all other persons associated with the University (collectively, "the University"), I, \_\_\_\_\_, agree as follows:

Although the University has taken reasonable steps to provide me with appropriate facilities and services for participation in the University of the Pacific 7v7 Tournament and Clinic, the University has informed me that such activities are not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the character of the sport(s). Every attempt is made to minimize the existing risks through proper sports equipment, safe facilities, and sound safety practices. However, I realize that these risks cannot be eliminated completely. These inherent risks are some of the same elements that contribute to the unique character of the sport(s) and can be the cause of injury, illness or in extreme cases, permanent trauma, disability or death. The University does not want to cause me undue concern or reduce my enthusiasm for sports, but believes it is important for me to know in advance what to expect and to make an informed consent to the inherent risks.

INFORMED CONSENT

I understand that participating in this sports camp(s) is potentially hazardous,

and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the camp(s), during the camp(s) or related event(s), or while I am on the premises of the camp(s) or event(s). I also am aware of and assume all risks associated with participating in this camp(s), including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road.

WAIVER AND RELEASE

I, for myself and my heirs and executors, hereby waive, release and forever discharge the University, event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.

I further voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me (or my minor child), or any loss or damage to property owned by me (or my minor child), as a result of being engaged in such activity.

I understand that this waiver includes any claims, whether caused by negligence, the

action or inaction of any of the above parties, or otherwise.

I further attest that I am physically fit and have been examined by a physician to participate in the sport(s) camp. I give permission for the University to provide immediate and reasonable emergency care should it be required. Every attempt will be made to notify my parents/guardian.

I have carefully read, understood and accept the terms and conditions stated herein and acknowledge this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate for all members of my family, including minor children, from this date forward for all University sports camp(s).

I further certify that:

\_\_\_\_\_ I am at least eighteen (18) years of age and fully competent; or that I am

\_\_\_\_\_ Under eighteen (18) years of age, and my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of the agreement.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

# Infinity Sports Club Tournament Waiver Form

**Event:** Infinity Outdoor Tournament – Spring Fling

**Date of Event:** May 12, 2018

**Participant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: B / G (circle one)

Parents Name: \_\_\_\_\_ Parents Email: \_\_\_\_\_

Parents Cell #: \_\_\_\_\_ Alt. Cell #: \_\_\_\_\_

**Additional Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Participation Waiver

I am aware that participation in Infinity Field Hockey or Soccer programs or the use of Field hockey/Soccer equipment creates risk of injury, and I, on behalf of myself and the participant's, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I, for myself and the participant(s) listed above, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Infinity Sports Club and their affiliates, officers, members, volunteers, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all programs of Infinity Sports Club and/or the use of any field equipment.

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

Print Name \_\_\_\_\_

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

