

East Bay Field Hockey Association 2017 – Waiver

In consideration of being allowed to participate in any activity offered by the East Bay Field Hockey Association, the undersigned, on his or her own behalf, and/or on behalf of the participants identified below, acknowledges, appreciates and agrees to the following conditions:

I, the parent/legal guardian of the participant(s) identified below, agree that the participant(s) and I shall comply with the stated and customary terms, rules and conditions for participation in any program offered by the East Bay Field Hockey Association. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest official immediately;

I am aware that participation in the East Bay Field Hockey Association's programs and/or use of field hockey 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) and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless the East Bay Field Hockey Association, Elzeth Hetzler, Doug Hetzler, their affiliates, officers, members, 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 the East Bay Field Hockey Association and/or the use of field hockey equipment.

East Bay Field Hockey Association 2017 – Photography release for minor child or children

I hereby authorize East Bay Field Hockey Association, hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Company's print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless East Bay Field Hockey Association from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize East Bay Field Hockey Association to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, nor the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release East Bay Field Hockey Association, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

East Bay Field Hockey Association 2017 – Medical Release

Player : _____ Date of Birth : _____

In case of emergency, if family cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Hospital Preference : _____

List any allergies/medical problems, including those requiring maintenance

Medication (diabetic, Asthma, Seizure)

Medical Diagnosis Medication Dosage Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere or alter treatment.

Authorized Parent/Guardian Signature : _____

Date : _____