



MEDICAL WAIVER/PHOTO RELEASE FORM RELEASE AND MEDICAL TREATMENT AUTHORIZATION

In consideration of and through my involvement in the Stryker Field Hockey Club program. I (or on behalf of my minor child) acknowledge and agree I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, and DEATH, as well AS LOSS OF or DAMAGE TO PROPERTY; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK; AND I (on behalf of my minor child), FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, AND NEXT OF KIN HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE UNITED STATES FIELD HOCKEY ASSOCIATION, THE USOC AND THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, VOLUNTEERS, WITH RESPECT TO ANY AND ALL SUCH INJURY, PARALYSIS, DISMEMBERMENT, DEATH AND/OR LOSS OR DAMAGE (EXPECT THAT WHICH IS RESULTANT OF GROSS NEGLIGENCE AND/OR WILLFUL OR WANTON MISCONDUCT.)

I certify that on behalf of my minor child, to the best of my knowledge, that he/she is in good physical condition and has no disease or injury that would impair his/her performance or result in being injured during any program participation.

In addition, on behalf of my minor child, I do hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named athlete/coach/child, by a Certified Athletic Trainer, Physician and/or hospital in the event of an injury or illness during the periods of time in which they are participating in a Stryker Field Hockey Club program or event. It is understood that all costs are my responsibility.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHOTO RELEASE FORM

Stryker Field Hockey Club may use visual images of players' activities to record the club's history, participation and accomplishments. Members of the club may be interviewed or photographed for use as content in club and community publications, websites, and other appropriate venues. Any and all publication of player names, photographs, video and comments posted on the Internet will be done in accordance with state and federal law.

Player's Name _____

I give permission for my child's photograph(s), video recording, and/or interview comments to be used in as content in club and community publications, websites, and other appropriate venues. I understand the **Stryker Field Hockey Club's** publication of player names, photographs, video and comments posted on the internet will be done in accordance with state and federal law.

I do not give permission for my child's photograph(s), video recording, and/or interview comments to be used in as content in club and community publications, websites, and other appropriate venues. I understand the **Stryker Field Hockey Club's** publication of player names, photographs, video and comments posted on the internet will be done in accordance with state and federal law.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____