

HTC Field Hockey Clinic

Name

Address

City, State, Zip

E-mail

Phone

Birth Date

School Name

Waiver and Insurance Information

All players/coaches must have their own medical coverage. Players/Coaches/Officials will not be allowed to participate unless the following information is submitted and the form is signed by participant and/or guardian.

Players'/Coach's/Umpire's Insurance Company

Insurance Company Address and Phone Number

Policy Number

I, the undersigned, hereby give permission for the HTC Field Hockey Clinic staff to seek appropriate medical attention for the player/coach/umpire and for the medical attention to be given and for the player/coach/umpire to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I am of good health and have no physical or other impediment which would endanger me from participating in the Clinic.

I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the Clinic organizer and staff, its officers, agents, and employees ("releases"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the clinic, and I further agree to indemnify and hold harmless the clinic, its officers, agents, and employees from liability claim or action for damages which in anyway arise out of my participation in this clinic, even though that liability may arise out of negligence of carelessness on the part of releasees.

I further understand that accidents may occur during clinic play and that participants in the clinic may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the clinic organizers, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of or related to my participation in the clinic.

Player/Coach/Umpire

Signature _____

Date _____