



2019 - 20 Indoor Field Hockey Tournaments Waiver Form and Release

Check Division: ___ U10 ___ U12 ___ U14 ___ U16 ___ U19

Check the tournaments you are playing in....

- December 14th, December 21st, December 22nd, December 28th, December 29th, January 4th, January 5th, January 11th, January 12th, January 18th, January 19th, January 25th, January 26th, February 1st, February 8th, February 9th, February 15th, February 16th, February 22nd, February 23rd

One Form per Participant (please print): ALL participants MUST be members of the USFHA

Team Name: _____

Team Contact: _____ Cell # _____

Team Contact Email: _____

Name of Participant: _____ DOB __/__/__

USFHA Number: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Parents Cell #: _____

Participants Email: _____

ASSUMPTION AND RELEASE OF LIABILITY. Contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Viper Sports Club; (2) release Winning Edge Sports, LLC, Viper Sports Club, and its agents, employees, staff members, officers, directors and members (collectively "Viper Sports Club") from all liability, claims, or responsibility for injuries to Participant; (3) grant permission for Participant to participate in activities at Viper Sports Club; and (4) release Viper Sports Club from injury arising from any good faith acts or omissions in emergency situations. I authorize Viper Sports Club, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Viper Sports Club, its agents, employees, staff members, directors and officers from any responsibility or liability related there to. I agree that you may photograph and/or videotape my child or me during sports activities and that you retain the right to use these visual images in future literature for Viper Sports Club without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Viper Sports Club. I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained there in binds me and the minor of all of its terms.

Participant's signature (over 18): _____

Parent/Guardian Name (print): _____

Parent/Guardian signature: _____

(Must be parent or guardian if under age 18)

MEDICAL RELEASE

a) In the event of injury or sickness, I authorize Viper Sports Club representatives to transport and admit the above named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows (if none, then the word "NONE" must be written in this space): _____

Parent/Guardian Signature _____ Date _____