

Lasting Legacy Field Hockey

Waiver/Release of Liability Agreement

Please Select:

Fall Program *Winter Program* *Spring Program* *Summer Program*

Fall Clinic *Winter Clinic* *Spring Clinic* *Summer Clinic*

Please Print:

Name _____

DOB _____ **Age** _____ **Grade** _____

Address _____

City/State _____ **Zip** _____

Parent/Guardian Name

I understand that Lasting Legacy Field Hockey does not provide medical insurance for players in the event of illness or injury requiring medical treatment. I hereby accept any and all responsibility for, and assume the risk of any and all injuries and damages to the above named player, which may arise directly or indirectly as a result of and/or participation in Lasting Legacy Field Hockey Programs.

Lasting Legacy Field Hockey and its employees, coaches, and officers cannot be held responsible for any and all injuries that may occur. If medical attention is required in any Lasting Legacy Field Hockey activity, I give permission for such medical care to be administered.

I hereby consent to the use of above named player's image by Lasting Legacy Field Hockey for any and all purposes including without limitation, video, still photographs, publications, and any trade or advertising purpose.

I also understand that there are no refunds or credits for any reason. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only to me, but my heirs, administrators, executors, successors and assigns.

Parent/Guardian Signature

Date