

HBHS FIELD HOCKEY CAMP

July 6-9, 2009 and July 13-16, 2009

WAIVER AND RELEASE OF LIABILITY

In consideration of HBHS Field Hockey and/or equipment to enable me to participate in Field Hockey, I agree as follows:

I fully understand and acknowledge that: (a) risks and danger exist in the use of Field Hockey equipment and my participation in Field Hockey activities; (b) my participation in such activities and/or use of such equipment may result in my injury, including but not limited to, bodily injury, eye injury, death, or other ailments that could cause serious disability; and (c) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the coaches, or by any other person.

I, on behalf of my child, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify coaches from any and all claims, actions and losses for bodily injury, property damage, loss of services or otherwise which may arise out of my use of Field Hockey equipment or my participation in Field Hockey activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE HBHS AND ITS COACHES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CLAIMS.

Print parents' names: _____

Parent's email address: _____ Parent's cell phone: _____

Parent signature: _____ Date: _____

Print athlete's name: _____ Athlete's signature: _____

Address (with zip code): _____

Home telephone: _____ Athlete's cell phone: _____

Athlete's email address: _____ Age: _____ Grade in Fall: _____

List previous athletic experience: _____

Would you be interested in attending any optional field hockey camps during the summer? Your cost would be approximately \$450. **Circle: YES NO**