

HUNTINGTON BEACH FIELD HOCKEY CLUB WAIVER FORM

www.surfersfieldhockey.com

NAME: _____ AGE*: _____ DATE OF BIRTH*: _____ Male Female
First MI Last M/D/Y Circle One
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE (Home): _____ PHONE (Cell): _____ E-MAIL: _____

WAIVER AND RELEASE OF LIABILITY AND DISCLAIMER

In consideration of being allowed to participate in any way in the Huntington Beach Field Hockey Club (HBFHC), Mater Dei High School (MDHS), Arena Soccer Parks (ASP) and the City of Orange (COA) athletic/sports or social programs, and related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent injury and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises (the hardness of the playing surfaces and dasher boards, the different and unique characteristics of artificial turf when wet and dry as opposed to natural grass) or of any equipment used. Further, I accept personal responsibility for the damages following such in jury, permanent disability or death, and,
3. I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation, and,
4. I, for my self and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the HBFHC, MDHS, ASP, COA and its affiliated clubs, their officers, officials, affiliated organizers, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event, all of which are hereafter referred to as "releases", with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
5. I hereby acknowledge and agree that certain of my personal details (including names, phone numbers, addresses, etc.) may be distributed by HBFHC and its affiliates in connection with the conduct of its activities, including, but not limited to, the formation of teams, scheduling games, etc., and I hereby confirm that I have no objection to the aforesaid, and,
6. I grant MDHS, ASP, HBFHC and the city of Orange the right to photograph or Video the player's participation in Field Hockey activities and to use the photographs or video in future brochures, and or commercials, and,
7. I will maintain my membership with USFHA and provide proof of such when requested, and,
8. I will advise HBFHC, by resubmitting this registration form, with any changes to the information already provided.

GUARANTEE OF COMPLIANCE TO RULES OF MATER DEI HIGH SCHOOL, THE ARENA SOCCER PARKS INC AND HUNTINGTON BEACH FIELD HOCKEY CLUB

In the event of any dispute arising between the undersigned and Mater Dei High School (MDHS), Arena Soccer Park (ASP) or Huntington Beach Field Hockey Club (HBFHC) the undersigned agrees to comply with all of the MDHS, ASP and HBFHC rules and policies and allows MDHS, ASP and HBFHC to impose restrictions and or penalties as a result of non-compliance with the MDHS, ASP and HBFHC rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of MDHS, ASP and HBFHC officials.

LEGAL AUTHORIZATION FOR EMERGENCY CARE

We the undersigned or parent(s)/legal guardian(s) of a minor participant, do hereby **authorize** coaches, assistants, officials, staff or parents of team members acting in capacity of activity supervisors/van drivers, as agents of the undersigned, to consent to medical, surgical or dental examination or treatment, etc.

In case of an emergency, I/We hereby **authorize** treatment and/or care of registered player at ANY hospital and by any medical physician.

In the event of an emergency, please contact: _____, who is hereby authorized to act on My/Our behalf.
Name Phone

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND DISCLAIMER, GUARANTEE OF COMPLIANCE TO RULES, LEGAL AUTHORIZATION FOR EMERGENCY CARE AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE *: _____ DATE: _____

PRINTED NAME PARENT/GUARDIAN *: _____