



South County Royals Field Hockey Club
Waiver and Release of Liability

In consideration of being allowed to participate in any way in **South County Royals Field Hockey Club (SCRFHC)** 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, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, 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 myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the SCRFHC 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, and,
5. I hereby acknowledge and agree that certain of my personal details (including names, phone numbers, addresses, etc.) may be distributed by the SCRFHC 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 hereby grant permission to SCRFHC to use my photograph image or likeness in any or all SCRFHC publications, films, video or official SCRFHC websites, social media sites without consideration or compensation. I understand that SCRFHC retains ownership of all photographs and images and any and all rights to the photographs images in any format or medium.



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**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I/WE
GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

PARTICIPANT SIGNATURE: _____ Date: _____
DATE OF BIRTH (For participants below age of 19): _____ Age: _____
FULL NAME OF PARTICIPANT: _____
ADDRESS: _____
PHONE: _____ Email: _____

PARENT/GUARDIAN* (Signature) _____ Date: _____
FULL NAME OF PARENT/GUARDIAN*: _____ (relationship): _____
ADDRESS: _____
PHONE: _____ Email: _____

LEGAL AUTHORIZATION FOR EMERGENCY CARE

We the undersigned, parent(s)/legal guardian(s) of the participant, a minor, do hereby **authorize** the coach, assistant coaches, officials, agents, or parent of team members acting in the capacity of activity supervisor/van driver, as agents of the undersigned, to consent to Medical, Surgical or Dental Examination, Treatment, etc.

In case of emergency, I/We hereby **authorize** treatment and/or care of registered player at ANY hospital. If there is an emergency and I/We cannot be reached please contact:

Full Name: _____ Tel. No. _____

The above named person is hereby authorized to Act on My/Our behalf.

Parent(s)/Legal Guardian(s)^{1*}: _____ Date: _____

^{1*} To be completed if participant is less than 19 years in age.