

Mid-Jersey Knights Field Hockey Club

Accident Waiver and Release of Liability Waiver

I acknowledge that field hockey is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I am aware of the inherent risks of sport related to the possible contraction of COVID-19 or any other contagious illness and waive any claim of liability of Mid-Jersey Knights FHC, their affiliates or employees.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Mid-Jersey Knights FHC and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Mid-Jersey Knights FHC and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that for any Mid-Jersey Knights FHC or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

PLEASE TURNOVER AND COMPLETE THE REQUESTED INFORMATION

PLEASE COMPLETE CLEARLY AND IN FULL

Full Name: _____

Date of Birth: _____ Age Group: _____

Home Address: _____

State, Zip: _____

Email Address: _____

Email (other): _____

Contact Telephone: _____

School: _____

Allergies or Medical Concerns: _____

USA Field Hockey Membership Number (if known): _____

Emergency Contact (name and number): _____

Additional Information/Comments: _____

I hereby certify that I have read this document and I understand its content.

Name of Signatory: _____

Signature of participant (or guardian if under 18 years old):

_____ Date: _____

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