

# FIELD HOCKEY SUMMER LEAGUE/CLINIC NORCAL IMPACT Waiver



In consideration of being allowed to participate in any activity offered by Norcal Impact Field Hockey, the undersigned, on his or her own behalf, and/or on behalf of the participant's identified below, acknowledges, appreciates and agrees to the following conditions:

I, the parent/legal guardian of the participant(s) identified below, agree that the participant(s) and I shall comply with the stated and customary terms, rules and conditions for participation in any program offered by Club Impact. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest official immediately;

I am aware that participation in the Impact's programs and/or use of field hockey equipment creates risk of injury, and I, on behalf of myself and the participant's, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I, for myself and the participant(s) and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless the Impact, Lifon Huynh, Raman Sandeep, Kam, Sidhu, Nanu Sidhu and their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all programs of Impact Field Hockey League and/or the use of field hockey equipment.

Participant  
Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USFHA Membership # \_\_\_\_\_

Parent/Guardian  
Name \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Numbers \_\_\_\_\_