



Reach FH Participation Waiver/Release

Player Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Graduation Year: _____

Emergency Contact: _____

Contact cell phone: _____

Middle School/High School: _____

Email: _____

We (or I) hereby request your acceptance of this Release/Waiver for participation in Reach Field Hockey (RFH) activities including, but not limited to, practices, games, tournaments and try-outs.

With acceptance of this waiver/release, we (or I) hereby release and discharge RFH, its agents, employees, staff members, directors, officers and all other persons associated with RFH from all claims, responsibilities, or liabilities and causes of action arising from injury or harm to the player as a participant or a spectator, whether such injury is the result of negligence or any other causes.

I understand that these activities involve risks and dangers of serious bodily injury, these risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the player named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I give permission to RFH, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release RFH, its agents, employees, staff members, directors and officers from any responsibility or liability related thereof.

I hereby grant RFH permission to use my, and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon Reach Field Hockey for reimbursement for use of this material.

Reach Field Hockey fees/payments are non refundable.

Participant Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____