

# FIELD HOCKEY AMERICA

## PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT FORM

In consideration of the services of the FIELD HOCKEY AMERICA and DREXEL UNIVERSITY, their officers, agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge FIELD HOCKEY AMERICA and DREXEL UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that Field Hockey entails known and anticipated risks which could result in physical or emotional injury, paralysis, or damage to myself, to property, or to third parties. I understand that such risks simply can not be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things; colliding with another player or players, walls, or barriers; falling or tripping onto the floor, barrier or other persons; getting hit by a stick, ball, or person.

Furthermore, FIELD HOCKEY AMERICA employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's physical fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FIELD HOCKEY AMERICA and DREXEL UNIVERSITY from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of FIELD HOCKEY AMERICA and DREXEL UNIVERSITY equipment or facilities, including any such claims which allege negligent acts or omissions of FIELD HOCKEY AMERICA or DREXEL UNIVERSITY.

4. Should FIELD HOCKEY AMERICA, DREXEL UNIVERSITY or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless them for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any condition.

By signing this document, I acknowledge that if I or anyone else is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit or claim against Field Hockey America and Drexel University on the basis from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant:

Print Name:

Address with city and state:

Phone:

Date:

Email:

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

( must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by FIELD HOCKEY AMERICA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Field Hockey America and Drexel University from any and all claims which are brought by, on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature:

Print Parent Name:

Date

Name of team/club