



## TEXAS HUMMINGBIRDS FIELD HOCKEY CLUB

### Liability Release/ Insurance Information Request

Players Name: \_\_\_\_\_

Address: \_\_\_\_\_

By my signature below, I certify and confirm that I am the parent or legal guardian of \_\_\_\_\_, a Player who intends to participate in field hockey training, games and tournaments from November 2016 to August 2017. As a parent or legal guardian, and individually, I acknowledge that Players participation in any field hockey training or game, including tournaments, involves risk of injury to Player. As a parent or legal guardian, and despite such risk, I expressly assume that risk of injury to Player, a minor child, and to induce any training, game or tournament to permit the Player to participate, I enter into this Agreement, and I agree and confirm the following: (1) the Player is physically fit and able to participate in all respects in any training, game or tournament; and (2) hereby release, and agree to fully indemnify and hold Texas Hummingbirds Field Hockey – e4you and any tournament and its members, directors, officers, employees, coaches, volunteers, venders, insurers, attorneys and agents of Texas Hummingbirds Field Hockey – e4you and or any tournament harmless from any and all claims, demands, actions, causes of action, losses, damages, or liability including without limitation, all expenses of litigation, court costs and attorney fees for any injury to a death of the Player or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of or related to Player participation in Texas Hummingbirds Field Hockey – e4you or any tournament, including without limitation, any participation in field hockey training or game or tournament.

Further: I hereby certify that the Player is covered for illness and/or injury (including without limitation and or injury occurring in any training, game or tournament and associated travel) by medical insurance policy. If there is no coverage for the players, I hereby certify that the Player is not covered by medical insurance nor by medical insurance that provides for coverage for illness and/or injury occurring in the USA or internationally and I agree that I am fully responsible in all respects, including, without limitation, any financial obligations, for any medical services / treatment rendered for illness/injury suffered by the Player before, during or after any training, games or tournaments.

I am signing the Agreement in my individual capacity and on behalf of the minor child (Player) named above, of whom I am the parent or legal guardian.

\_\_\_\_\_

Print Full Name

(Signature of Parent/Guardian)

Date