

Peak Field Hockey Emergency Information

_____ Team name (if relevant)
_____ Athlete Name
_____ Birth Day
_____ Parent/Guardian Name
_____ Address
_____ City, State, Zip
_____ Email
_____ Emergency Contact
_____ Relationship to athlete
_____ Preferred contact number
_____ Back up contact number

Waiver and Insurance Information All participants must have their own medical coverage. Players will not be allowed to participate unless the following information is submitted and the form is signed by the participant and/or guardian.

Participants Insurance Company _____

Insurance Company Address _____

Insurance Company Phone _____

Policy Number _____

I, the undersigned, hereby give permission for the Peak Field Hockey and Washington College Training Staff to seek appropriate medical attention for myself/the participant and for medical attention to be given and for myself/the participant to receive medical attention in the event of accident, injury, illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I/the participant is of good health and has no physical or other impediment which would endanger me/the participant from participating in the tournament. I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the tournament organizer and staff, its officers, agents, and employees (“releases”), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the tournament, and I further agree to indemnify and hold harmless the tournament, its officers, agents, and employees from liability claim or action for damages, which in anyway arise out of participation in this tournament, even though that liability may arise out of negligence or carelessness on the part of the releases. I further understand that accidents may occur during tournament play and that participants in the tournament may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the tournament organizers. Its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of or related to participation in the tournament.

Participant/Guardian signature _____

Date _____