

5xnc11, LLC FIELD HOCKEY CAMP/CLINIC

WAIVER, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (the "Participant"). In consideration for the Participant being allowed to participate in any way in the 5xnc11, LLC field hockey camp/clinic (hereinafter referred to as the "Camp") and any related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

1. I, the undersigned and the Participant understand that field hockey is an active, physical sport and that injuries can often occur during participation at Camp. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to Participant from the activities involved in Camp is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist;
2. I hereby acknowledge that the Participant is physically fit and mentally capable of participating in practices, games, and all Camp activities and that the Participant is not currently under the care of a physician for an injury or illness that would prevent him/her from safely participation in the camp or clinic;
3. I understand that there will be more campers than staff at the Camp and that Participant cannot receive individualized attention and individualized supervision at all times;
4. For myself and the Participant, I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for the Participant's participation and agree that I am and shall be responsible for all costs associated with any injury, illness or damage that may be sustained or result by Participant as a result of his/her participation at the Camp. I also certify that I have insurance which provides adequate coverage for injuries, illness or damage that may be sustain while participating in the Camp or else I agree to bear the costs of such injury, illness or damage myself;
5. I and the Participant willingly agree to comply with the Camp's rules and any terms and conditions for participation. If any observe unusual behavior or significant concern in the Participant's readiness for participation in the Camp the Participant may be removed from participation;
6. I myself, my spouse, the Participant, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and indemnify 5xnc11, LLC; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, illness, disability, death or loss or damage to person or property incident to the Participant's involvement or

participation in the Camp, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

7. I hereby give permission for the Camp staff to seek and/or give during the period of the Camp, appropriate medical attention for Participant and for Participant to receive the medical attention in the event of accident, injury or illness and agree to be responsible for any and all costs of such medical attention and treatment;
8. I give permission for Camp to take photographs of the Participant while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that the Participant's identity will remain anonymous in conjunction with any photograph used in marketing; and
9. I, the parent/guardian, assert that I have explained to the Participant: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, to report fully any problems related to his/her physical condition to the Camp and coaches as soon as the problem begins.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS AGREEMENT, AGREE NOT TO SUE 5XNC11, LLC, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Child (Participant): _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

PARTICIPANT'S UNDERSTANDING OF RISK

My signature below indicates I understand the seriousness of the risks involved in participating in this Camp, my personal responsibilities and accept them as a participant.

Name of Participant: _____

Signature of Participant: _____

Date Signed: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Secondary Contact Name: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Special instructions regarding the care of your child while at camp:

INSURANCE INFORMATION

Insurance Company Name: _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____

Relationship to Participant: _____

Special instructions regarding Submission of Insurance:
