

Waiver of Liability Form

Assumption of the Risk and Waiver of Liability Relating to Athletic Equipment

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in *Hilliard Lynx Field Hockey* athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. Protective Eyewear is not mandatory; however, it is highly recommended. Participant's may opt out of wearing Protective Eyewear, at their own risk; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, arising as a result of choosing to not wear Protective Eyewear, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
4. Otherwise, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS *Hilliard Lynx Field Hockey* their officers, officials, agents, and/or employees, 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, that may result from not wearing Protective Eyewear, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE

GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____	_____	_____	_____
Participant's Signature	Date	Participant's Printed Name	Age

PARENTAL CONSENT: I am the minor's parent of guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending events, activities, and games held by or involving *Hilliard Lynx Field Hockey*. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless *Hilliard Lynx Field Hockey*, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to not wearing Protective Eyewear. On behalf of the minor, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of *Hilliard Lynx Field Hockey*, its employees, agents, and representative, whether an injury occurs before, during, or after attending in any event, activity, or game held by or involving *Hilliard Lynx Field Hockey*.

_____	_____	_____
Parent/Guardian Signature	Date	Printed Name of Parent/Guardian