

General Release and Wavier of Liability

This form must be completed by each athlete and if the participant is under 18 years old, must be signed by the player's parent or legal guardian. No athlete will be allowed to participate without this form, properly executed, and on file.

PARTICIPANT'S NAME: _____

PARTICIPANT'S DATE OF BIRTH: (mm/dd/yyyy) _____

I, the undersigned, in consideration for my voluntary participation, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I will not compromise myself in such a way as to do harm to the training sessions, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me, or my child, willfully, negligently, or otherwise.

Field Hockey is a physical, contact sport that involves the risk of injury. I assume all risks and hazards associated with the participation in training. I am in proper physical condition to participate in all training sessions and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my trainer if there are any status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. I will wear proper shoes and other protective equipment (mouth-guard) to all events.

I understand that Grit may employ other trainers, and all trainers shall be released from liability as long as they are acting within the scope of their employment with Grit Training LLC. Grit Training LLC does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion, television, video, or radio coverage of Grit Training L.L.C. training, without compensation.

I have completely read this document and fully understand its contents, I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and as signs.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT) _____

Participant's Signature _____ **Date** _____

For those individuals under the age of eighteen (18) years:

Parent Guardian Name (PRINT) _____

Parent Guardian Signature _____ **Date** _____