



## 2011 Chicago Field Hockey Club Liability Waiver and Membership Form

This is a legally-binding release made by me, \_\_\_\_\_ (print name), to Chicago Field Hockey Club, owners of the grounds on which they play, and all individuals associated with the Club.

I fully recognize that there are dangers and risks to which I may be exposed by participating in field hockey. I acknowledge that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which may result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used.

I understand that the Chicago Field Hockey Club does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks, and despite this release. I understand that participation in Club activities is an assumed agreement with this waiver.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the Institution in this activity, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby hold harmless Chicago Field Hockey Club, its employees, officers and agents with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise to the fullest extent permitted by law.

I understand that good sportsmanship is a requirement of participation and will refrain from making verbal or physical attacks on players, officials, or representatives.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT, AND AGREE TO BE LEGALLY BOUND BY IT.

\_\_\_\_\_  
Releaser's Signature (even if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature (for those under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZipCode

\_\_\_\_\_  
Cell Phone #

### Membership Type

Regular Member (\$100/year)

Student Member (\$75/year)

Indoor League only

**All Chicago Field Hockey Club Members must be current members with the USFHA.**

\_\_\_\_\_  
USFHA member Number

\_\_\_\_\_  
Expiration Date