

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.
PLEASE READ AND SIGN BELOW.**

** Please note that signing this agreement; you give up the right to sue for any injury or damages, however caused.

I understand and agree, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my participation in the games, events and related activities of the **Tri-City Eagles Field Hockey Association**, is not permitted without my execution of this document. I hereby warrant and agree that:

1. I know that there is always a risk of serious injury or death resulting from participation in any form of organized recreational activity, and particularly those involving contact and non-contact sports, fitness activities , personal training instruction, field hockey demonstrations, training and competitions and like activities offered as part of the program of the **Tri-City Eagles Field Hockey Association, and**
2. I acknowledge and accept these risks and all other risks associated with participation in these events and programs even if arising from the negligence or gross negligence, including any worsening of injuries caused by negligent rescue operations or procedures, of **Tri-City Eagles Field Hockey Association**, event and program organizers, the activity venues and any and all persons associated therewith or participating therein including those involved in transportation to and from events and activities; and
3. I understand that all the applicable rules for participation must be followed and that at all times the sole responsibility for my personal safety remains with me;
4. I will immediately remove myself from participation in any event or program and notify the nearest official, if at any time I sense any unusual hazard or unsafe condition or if I feel that I am physically, emotionally or mentally unfit, or if I feel that my equipment is not fit or appropriate, for continued participation;
5. I am 19 Years of age or older.

I have read and understand this document and I am aware that by signing this assumption and acknowledgement of risk I and/or my parents/guardians may surrender certain legal rights.

I sign this document voluntarily and without inducement

this ____ day of _____ 200____, at _____, B.C.

Witness

Participant Signature or Parent/Guardian

Print Name

Print Name of Child