

Waiver and Release of Liability

**Hamilton College – Field Hockey Clinics
June 10,11,13,14,15 2019**

Location: Goodfriend Field and/or Field House

I acknowledge that my child’s participation in the Hamilton College Field Hockey Clinics contains inherent risks, including, but not limited to personal injury, death or property damage.

As such, I, give permission for my child to participate in the Hamilton College Field Hockey Clinics and related activities at their own risk. I agree to hold The Trustees of Hamilton College, its employees and agents harmless for personal injury, death or damage to property that occurs while my child is participating in the Hamilton College Field Hockey Clinic except that which can be shown as negligence on the part of the College or its representatives.

I understand that the Hamilton College Field Hockey Clinics will be physically demanding. I recognize the inherent risk of injury or disability in this activity. I understand that I assume the risk of all physical injury to my child that could result. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Field Hockey Clinics. I verify that he/she has no physical impairments/disabilities that make him/her prone to injury.

I will provide personal medical insurance coverage for my child for any injuries that arise. In case of a medical emergency, I grant permission for my child to be treated by emergency response personnel. I also grant Hamilton College personnel the right to authorize medical care for my child if the emergency contact(s) listed below cannot be reached immediately. To contact in case of emergency: At least one emergency contact person must be provided to

**participate in the Hamilton College Field Hockey Clinics. Parent/Guardian/Other
Parent/Guardian/Other (print name & relationship to child) (print name & relationship to child)**

Name _____

Phone #1: _____

Phone #2: _____

I acknowledge that I have read this **WAIVER AND RELEASE OF LIABILITY** and thoroughly understand all the terms and conditions contained herein.

Print Participant Name _____

Parent/Guardian's signature _____

Print Parent/Guardian's Name

Date _____