



## Lions Hockey Club Waiver & Insurance Form

All players / participants must have their own medical coverage. Players / Coaches / Umpires will not be allowed to participate unless the following form is signed and submitted by the participant and / or parent/guardian.

Player Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Club Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Group # \_\_\_\_\_

I, the undersigned, hereby give permission for Lions Field Hockey Club (officially known as the **USA XVI Field Hockey Academy**) staff to seek appropriate medical attention for the player / coach / umpire and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I am of good health and have no physical or other impediment, which would endanger me from participating in the sports activity.

I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the sports academy organizer and staff, it's officers, agents, and employees ("releases"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the sports activity, it's officers, agents, and employees from liability claim or action for damages which in anyway arise out of my participation in this sports activity, even though that liability may arise out of negligence or carelessness on the part of releases.

I further understand that accidents may occur during sports activity and that participants in the sports activity may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the USA XVI Field Hockey Academy, its officers, agents, and employees from any liability to my heirs



or me or assigns for damages arising out of or related to my participation in the field hockey practice, tournaments and related field hockey events.

I also understand the club may be taking photographs / videos of teams or individuals to share event moments / practice sessions with all club members and parents. These photos may be used for club promotion. I hereby authorize the club to take these pictures at any given time. It will be my responsibility to not be a part of any picture if I don't want to be included in a photograph or video. Please note we don't share individual player pictures into our communication media unless parents / parents approve it.

Print Player Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ USAFH Membership # \_\_\_\_\_

If a player is under 18, parent or guardian approval is required.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please **email** New Player Registration Form and Liability Waiver to:  
Raju Kadam at **raju@lionshockey.club***