



Coastal Premier Field Hockey Release Agreement

2011-2012 RELEASE AGREEMENT

I understand that there are risks and dangers inherent in participating in Coastal Premier Field Hockey league and tournaments (“CPFH”). Knowing this, and in consideration of being permitted to participate in CPFH, I hereby voluntarily release CPFH from any and all liability resulting from or arising out of the player’s participation in CPFH. I understand and agree that I am releasing not only CPFH, but also its officers, directors, agents, coaches, volunteers and employees. I understand and agree that this Release Agreement will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or may have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in CPFH. This Release Agreement constitutes a complete release, discharge and waiver of any and all actions or causes of action against CPFH, its officers, directors, agents, coaches, volunteers or employees. I understand and agree that this Release Agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian for said children. I understand and agree that by signing this Release Agreement, I am agreeing to release, indemnify and hold CPFH and its officers, agents and employees harmless from any and all liability or costs, including attorney’s fees, associated with or arising out of my participation in CPFH.

I understand and agree that if I am signing this Release Agreement on behalf of a player who is a minor child that I will be giving up the same rights for said minor as I would be giving up if signed this document on my own behalf. I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I state to the best of my knowledge that the player listed on this registration form has no medical, physical, mental, or emotional health conditions which would hinder his/her active participation in CPFH.

I understand that players are required to have their own accidental medical insurance coverage and that CPFH will look to the player’s insurance to cover any accidents or injuries.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings or any other record of league practices, games, tournaments for the CPFH web site, flyers, and league communications, and/or promoting the league.

Having read and understood this Release Agreement, I hereby agree to its terms.

Signature of Parent/Guardian: _____

Phone: _____

Date: _____

Try-Out # _____