



Release of Liability

Strong Island Field Hockey

In signing this application, I release Strong Island Field Hockey from any claims of responsibility from injuries suffered during the 2019 Winter Turf League. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume FULL responsibility for my participation. I certify I am in good physical condition and can participate in the Strong Island Field Turf League. Further, I authorize the tournament director to request medical treatment as necessary to ensure my well-being.

Athlete _____

Date _____

Parent or guardian _____

Date _____

Address _____

Phone Number _____

Email _____

(Print Clearly)