



**2019 Adult Summer League Waiver**

**STRONG ISLAND FIELD HOCKEY  
PO Box 3  
Farmingville NY 11738**

In signing this application, I release Strong Island Field Hockey from any claims of responsibility from injuries suffered during the 2019 Adult Summer 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.

**Name of Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Email Address: (please print clearly):** \_\_\_\_\_

<p><u>Assumption of Risks</u> - All participants acknowledge that there are certain inherent risks associated with playing sports and in particular field hockey and that the participant assumes all risks and perils in connection with the game, practices and events and releases Strong Island of any liability.</p>	<p><u>Registration Fees</u> - for all events are <u>Non-Refundable</u> - All deposits, payments and fees are calculated based on number of participants in any one programs and are non-refundable.</p>
<p><u>Late Charges</u> - There will be a late fee of 10% on total program costs after final due date is posted.</p>	<p><u>Termination</u> - Participants acknowledge that the Program has a 0-tolerance for drugs or alcohol. Any participant found using non-prescription drugs or alcohol, using foul or abusive language while participating in events shall be grounds for immediate termination from any event.</p>
<p><u>Medical</u> - All participants represent that they are in good health and are unaware of any physical ailment or impediment to prevent them from playing.</p>	<p><u>Notices</u> - All notices from participants are to be sent via website e-mail to <a href="mailto:strongIslandFieldHockey.com">strongIslandFieldHockey.com</a>.</p>
<p><u>Medical Bills</u> - Any injuries incurred during play resulting in medical costs; will be submitted directly to the Insurance Company. The Program assumes no responsibility for submitting claims.</p>	<p>I am 18+ years or older</p>
<p><u>Internet Release</u> - I give permission for Strong Island to post photographs of myself on the Strong Island Field Hockey web site.</p>	

I understand and have read and agree to the foregoing terms:

Date: \_\_\_\_\_

\_\_\_\_\_ Player Signature