



## YWCA FIELD HOCKEY Waiver & Release of Liability

PLEASE READ, SIGN AND RETURN THIS WAIVER FOR PARTICIPATION IN  
TRY OUTS, PRACTICES AND PLAY WITH THE  
YWCA Westmoreland Girls Field Hockey Team

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which may result not only from their own actions, inaction or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death; and,
3. I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others and assume full responsibility for my participation; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless, THE YWCA OF Westmoreland County officers, officials, their prospective administrators, directors, coaches & other participants, all of which are hereinafter referred to as "releases," with respect to all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to fullest extent permitted by law.
5. Please initial one of the following:  
\_\_\_\_\_ The YWCA Westmoreland County has my permission to photograph my child(ren) to assist in the publicity of the YWCA and its programs. Children may be identified by first name only and age when these photographs are used.  
\_\_\_\_\_ I do not give the YWCA Westmoreland County my permission to photograph my child(ren).

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Participant's Signature (even if under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

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

\_\_\_\_\_  
Date