

MJYFH PLAYDAY LIABILITY RELEASE

PLAYER NAME: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

EMERGENCY PHONE: _____

Waiver of Liability: I acknowledge and understand that my child will be engaging in an activity that involves the risk of injury. I hereby release and hold harmless Mid Jersey Youth Field Hockey League, directors, owners, sponsors, and facility sites from any liability involved with participating in the Playday. I knowingly assume all risks associated with participation, even arising from the negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in this event. Further, I authorize the League representatives to request medical treatment a necessary to ensure my child's well being.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____