



Waiver Statements

Player Name: _____ Date of Birth: _____

Health Insurance Company: _____

Policyholder name: _____ Policy #: _____

Emergency parent/guardian to call: _____

Home phone: _____ Work: _____ Cell: _____

As the parent/guardian of the named above, I understand and accept that the risk of injury is possible while playing or practicing the sport of field hockey. I, the undersigned, hereby authorize the Trilogy Field Hockey Staff to act on my behalf, according to their best judgment in any medical emergency involving the above named. I will be responsible for any and all costs incurred from medical treatment.

I understand that Trilogy Field Hockey is a privately run program, which is in no way operated, sponsored nor supervised through/by Keene State College or any of their representatives. I agree to waive, release and forever discharge Keene State College, and Trilogy Field Hockey, and its staff/representatives from all rights and claims for damages, injury and loss to person or property during participation.

Parent/Guardian Signature: _____ Date _____