

**CHELSEA PHOENIX FIELD HOCKEY CLUB
(Hereunder the « Club »**

DISCLAIMER AND ACKNOWLEDGEMENT OF RISK FOR PARTICIPANTS

Name: _____

First Name: _____

I HEREBY DECLARE THAT I DO NOT INTEND TO TAKE ANY ACTION AGAINST THE CLUB, ANY PARTICIPANT OR ITS OFFICERS.

Before signing this release, please read it carefully, fill in the blanks and sign at the end.

I, the undersigned, hereby certify that I have been warned and informed of the dangers inherent in playing field hockey with the Chelsea Phoenix Field Hockey Club. By signing this release, I certify that I am aware of these risks.

I understand and admit that the practice of field hockey involves risks that the Club cannot assume. Therefore, I assume the entire risk of bodily injury in the event of a false move during field hockey games. I cannot hold another player responsible for any injuries received in the event of an accident. I intend to waive any recourse against the Club, the other participants and its officers, regardless of injuries or damages caused by the practice of field hockey. This waiver is valid for injuries or damages that may also lead to the loss of a member. Furthermore, dependents, attorneys, heirs or any other third parties shall not be entitled to claim the right to institute proceedings against the Club, the participants and its officers.

I understand that the terms of this document are contractual, that I am bound by my signature to the clauses contained herein and that I have signed this document of my own free will. I RELEASE THE CHELSEA PHOENIX FIELD HOCKEY CLUB AND ALL PARTICIPANTS AND OFFICERS IN THE EVENT OF ANY DAMAGES DUE TO THE PRACTICE OF HOCKEY REGARDLESS OF THE MEANING THEREOF. I HAVE FAMILIARIZED MYSELF WITH THE CONTENTS OF THIS RELEASE BY READING THE ENTIRE TEXT BEFORE SIGNING IT.

Signature of the member

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

Name of parent or legal representative : _____

First name of parent or legal representative : _____

Signature: _____