

RELEASE AND INDEMNIFICATION AGREEMENT

CHILD

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HADDON HEIGHTS FIELD HOCKEY CLUB

PARENT

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

On behalf of my child, named above, I agree that I have voluntarily enrolled my child to participate in the activities of HADDON HEIGHTS FIELD HOCKEY CLUB. I acknowledge that the nature of the activities of said HADDON HEIGHTS FIELD HOCKEY CLUB may expose my child to hazards or risks that may result in her illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of allowing my child to participate , I hereby accept all risks to her health and any injury or death that may result from such participation and I hereby release the Borough of Haddon Heights and the Board of Education of the Borough of Haddon Heights , its elected officers, employees and representatives from any and all liability to me, my child, the personal representatives, estate, heirs, next of kin, and assigns of either me or my child, for any and all illness or injury to my child, including her death, that may result from or occur during her participation in the activities of HADDON HEIGHTS FIELD HOCKEY CLUB, whether caused by negligence of the Borough of Haddon Heights or the Board of Education of the Borough of Haddon Heights, its elected officers, employees and representatives or otherwise. I further agree to indemnify and hold harmless the the Borough of Haddon Heights or the Board of Education of the Borough of Haddon Heights, its elected officers, employees and representatives fro liability for the injury or death of any person(s) and damage to any property that may result from my negligent or intentional act or omission or that of my child while participating in the activities of HADDON HEIGHTS FIELD HOCKEY CLUB.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR THE INJURY OR DEATH OF MY CHILD OR DAMAGE TO MY PROPERTY OR MY CHILD'S PROPERTY THAT OCCUR WHILE MY CHILD IS PARTICIPATING IN THE ACTIVITY OF THE HADDON HEIGHTS FIELD HOCKEY CLUB AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY OR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION OR THAT OF MY CHILD.

Signature of Parent Date _____

Signature of Witness Date _____

Printed Name of Witness