



Newport Parks & Recreation

## **ADULT SPORTS- FIELD HOCKEY**

### **Acknowledgement of Risk, Waiver & Release**

I, the undersigned, hereby understand and am fully aware of the risks of physical injury and danger in all activities in connection with the sport of field hockey as part of Newport Parks and Recreation and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in City of Newport adult sports programs and my participation in the activities and use of any equipment or materials related to such activities may result in injury including sprains, fractures, paralysis, illness or even death and damage to, or loss of my personal property. I understand that other participants, accidents, forces of nature or other causes may be the source of risk and danger, and I hereby fully acknowledge and accept these risks.

I certify that I am in excellent health and that there are no limitations to my participation. I am fit to participate in the field hockey program and I am able to participate in any strenuous physical activity associated therewith.

I hereby knowingly and forever release, discharge, and waive any right of recovery or subrogation against the City of Newport officials, directors, subcontractors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to, or loss of my personal property that I may sustain while I am participating in adult sports programs whether present or future, whether the same be known, anticipated or unanticipated, that may arise or result from my participation in the sport of field hockey at the City of Newport's facilities.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT AGREE IT IS MY INTENTION TO PARTICIPATE IN THE FIELD HOCKEY PROGRAM WITH THE CITY OF NEWPORT AND I UNDERSTAND AND ACCEPT ALL RISKS INVOLVED. THIS RELEASE SHALL BE EFFECTIVE AS OF THE DATE IT IS SIGNED.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE (if under 18): \_\_\_\_\_