

## Waiver for Easter Seals & Hockey for Haxton Fund Raiser December 2018

Please complete by typing into the spaces then submit form electronically to Danielle:  
[drenken4@gmail.com](mailto:drenken4@gmail.com) . We are trying to go paperless for this event!

1.) \_\_\_\_\_  
(Last name, first name of participant)

2.) Name of team1: \_\_\_\_\_ Name of team1 manager: \_\_\_\_\_

If playing with a second team, supply that information also-

3.) Name of team2: \_\_\_\_\_ Name of team2 manager: \_\_\_\_\_

Insurance coverage for accidental injury is required for all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below:

4.) Health Insurance Company: \_\_\_\_\_

5.) Policy Number: \_\_\_\_\_

I/We, being the legal guardian(s) of the participant, authorize Delaware Shore Field Hockey, Inc., and its agents, permission to request medical treatment as necessary to insure the wellbeing of our dependent:

I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge Delaware Shore Field Hockey, Inc., its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in this tournament, whether said damages, injury, or loss are due to negligence or not.

I/We certify that the participant is in good physical condition, allowing her/him to participate in the 2018 Hockey for Haxton & Easter Seals Indoor Hockey Tournament.

*Please note that this is a FUN tourney and played with the memory of Amanda Haxton in mind. Sportsmanship is very important to us. We ask that everyone attending, participating and volunteering enjoy him or herself but be respectful and keep sportsmanship in mind. Please respect the umpires, volunteers and other participants. All shots on goal must be safely executed with the understanding that many participants are not at the skill level of some of the more experienced athletes.*

6.) Type in your signature: \_\_\_\_\_ 7.) Date (mm/dd/yy): \_\_\_\_\_

*Parent/guardian's signature needed for an athlete younger than 18.*

*Participant's signature needed if 18 or older on the tourney date.*

**Note:** This constitutes a legal signature as per State of Delaware Title 6 Commerce and Trade, Subtitle II - Uniform Electronic Transactions Act.