

*All FHC and Sport Canada documents are now accepted electronically.*

*Depending on your browser or the program that you use to open the document, you will be able to fill in and sign the document electronically.*

*Athletes 19 and older, MUST have athlete and witness e- signatures and e-initials inserted when required.*

*Athletes under 19, MUST have the athlete, witness and parent or guardian e-signature inserted when required.*

*Here is some useful information on how to sign your document with an e-signature: [How to e-sign documents.](#)*

*FHC will also accept printed, signed originals mailed to the FHC office, 3800 Wesbrook Mall, Vancouver, BC, V6T 1W5.*

**FIELD HOCKEY CANADA**  
**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**  
*FOR THOSE UNDER THE AGE OF MAJORITY (under 19 years of age)*

**WARNING! By signing this document, you will waive certain legal rights; including the right to sue in circumstances outline in this Agreement. Please read Carefully.**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. This is a binding legal agreement; therefore, clarify any questions or concerns **before** signing. As a Participant of a **2018 Field Hockey Canada Junior or Senior Domestic or International Program** (hereinafter the "Program"), the sport of field hockey and the travel, programs, competitions and activities associated with the Program, the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledges and agrees to the following terms:

**Disclaimer**

2. Field Hockey Canada, their respective directors, officers, committee members, members, employees, volunteers, participants, contractors, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the sport of field hockey, the Program, and any travel, programs, competitions or activities associated to the Program, caused by the risks, dangers and hazards associated with the sport of field hockey, travel to events, competitions, or activities associated with the Program.

***We have read and agree to be bound by paragraphs 1 and 2.***

**Description of Risks**

3. The Participant is participating voluntarily in the Program, the sport of field hockey and any travel, events, competitions or activities associated with the Program. In consideration of my participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards associated with or related to the Program, the sport of field hockey and any travel, events, competitions or activities associated with the Program and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to, injuries from:
  - a) The sport of field hockey;
  - b) Executing strenuous and demanding physical techniques and/or exerting and stretching various muscle groups;
  - c) Vigorous physical exertion, rapid movements, quick turns and stops, and strenuous cardiovascular workouts;
  - d) Collisions with the field hockey boards (indoor), goalie nets and the playing surface;
  - e) Being struck or physical contact with field hockey sticks, balls and other participants;
  - f) Variations in playing surface;
  - g) Failure to properly use any equipment or the mechanical failure of any piece of equipment;
  - h) Failure to stay within the designated playing or practice area;
  - i) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia;
  - j) Exposure to allergies; and/or
  - k) Travel to and from the Program and associated non-competitive events.

4. Furthermore, the Parties are aware:
- a) That injuries sustained can be severe;
  - b) That the Participant may experience anxiety while challenging themselves during the Program, travel to an event or the sport of field hockey and the risk of injury increases as they become fatigued; and
  - c) That the Participant's risk of injury is reduced if they follow all rules established for participation.

**Release of Liability**

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:
- a) That the Participant's physical condition has been verified by a medical doctor to participant in the sport of field hockey and to travel and participate in the Program;
  - b) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from the sport of field hockey, and my participation in and travel to the Program;
  - c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation in the Program, the sport of field hockey, any travel, programs, competitions or activities associated with the Program, or from any breach of contract.

***We have read and agree to be bound by paragraphs 3 -5.***

**Acknowledgement**

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

**Delivery**

7. Delivery of this Agreement may be affected by fax, pdf or other electronic means of transmission.

\_\_\_\_\_  
Name of Participant (Printed)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (Printed)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MEDICAL RELEASE**

In the event that the parent or guardian is unavailable during a medical emergency, consent is given for the Squad Coach or Athletic Therapist to sign on behalf of the athlete.

\_\_\_\_\_  
Name of Participant (Printed)                      Signature of Participant                      Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (Printed)                      Signature of Parent or Guardian                      Date

**PHOTO RELEASE**

I authorize the National Sport Organization and/or its staff, associates, assistants, or subcontractors to use photograph(s), video and other media image provided for any promotional, educational or other pertinent uses. I also agree to the NSO using any images of the named minor(s) gathered by photographers, and or videographers supplying images to NSO. These images may include, but are not exclusive to, club, coach, athlete and/or parent, and/or volunteer submissions for contests, the sections of NSO’s website, and various Club and PSO reports to the NSO. I authorize the NSO to permit the use and display of photographs and/or recordings of the named minors in any NSO publication, multimedia production, including video and web usage, display, or advertisement. I agree that the NSO may use name, likeness, or information supplied by the undersigned. The undersigned releases and forever discharges the NSO, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / recordings, including but not limited to, any claims for invasion of privacy or defamation.

\_\_\_\_\_  
Name of Participant (Printed)                      Signature of Participant                      Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (Printed)                      Signature of Parent or Guardian                      Date

**CODE OF CONDUCT**

I have read and agree to abide by the ‘FHC - Code of Conduct’.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Athlete)