

HOPKINTON SOCCER CLUB

Indemnification Form

Participant: _____ SEX: M F

Date of Birth: ____/____/____ Home Phone #: (603) _____

Address: _____

Town: _____ State: NH Zip: _____

Mother's Name: _____

Father's Name: _____

HEALTH INFORMATION

The participant listed above is in good health except as noted below. Please list any medical problems, allergies, and/or medication currently taking. If none please state "NONE".

I/We hereby grant permission to the Hopkinton Soccer Club to allow the above participant to receive emergency medical treatment when necessary. I/We assure the Hopkinton Soccer Club that the above participant has no physical infirmities or disabilities which make him/her unable to participate in the Club activities.

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

For and in consideration of being permitted to participate in programs or activities of the Hopkinton Soccer Club, and/or in consideration of the Club permitting the minor child hereinafter named to participate in Club programs or activities, I hereby waive, release and discharge any and all claims, demands, actions or causes of action I and/or said minor child may have on account of injury to my person or that of said minor child, or on account of property damage, or death resulting from personal injury, suffered by me and/or said minor child, caused in whole or in part by the negligence of the Hopkinton Soccer Club, its employees, agents, servants, officers, directors, volunteers, or members, while I and/or said minor child are engaged in programs or activities of the Club of any type, kind or nature.

I further agree to assume full responsibility for and risk of bodily injury, property damage or death due to the negligence of the Club, its employees, agents, servants, officers, directors, volunteers or members, while I and/or said minor child are engaged in programs or activities of the Club of any type, kind or nature and covenant not to sue the Club, its employees, agents, servants, officers, directors, volunteers or members, for or on account of personal injuries, property damage or death resulting from personal injury in consideration of the privilege to participate in such programs and activities.

I agree, further, for myself and said minor child, that I/we will conduct ourselves at all times in accordance with the policies, rules and regulations of the Hopkinton Soccer Club and acknowledge that the privilege of participation may be revoked if said policies, rules or regulations are not honored.

Parent/Guardian Signature			
Name of Minor Child	Signature of Parent or Guardian	Date	
Initial and date for annual update			
2010:	2011:	2012:	2013:
Adult Participant Signature			
Name	Signature of Participant	Date	
Initial and date for annual update			
2010:	2011:	2012:	2013:

This form covers from the date signed and/or updated to the following June 30th.