Hempfield Quad and Stadium Team Form – Please complete this form in its entirety and submit prior to 1st game

Please circle one: Soccer Rugby Other

Team name: _____ Age Group or Level: _____ Dates of Attendance: _____

Scheduling contact: _____ Home Ph: _____ Cell or Work Ph: _____ Email: _____

ASSUMPTION AND RELEASE OF LIABILITY. Turf and contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's player (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Hempfield Quad and Stadium; (2) release Hempfield Soccer Club (HSC), Hempfield School District (HSD), and their agents, employees, staff members, officers, directors and members from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at the Hempfield Quad and Stadium and (4) release HSC and HSD from Injuries arising from any good faith acts or omissions in emergency situations. Games, clinics, academies, camps and other events that are cancelled due to inclement weather or for other reasons beyond the control of HSC and HSD shall not be rescheduled and there shall be no refund or pro-rated refund of any fees.

I agree that you may photograph and/or videotape me or my child during sports activities and that you retain the right to use these visual images in future literature for HSC and HSD without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting facilities and HSC or HSD.

I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained therein binds me and the minor of all of its terms. By signing players and teams agree to be governed by the rules and policies of HSC and HSD.

	Shirt #	Player Name	Address	City	Zip	Phone	Email Address	Birth Date	Signature (must be parent or guardian if under 18)
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