

Game On, LLC

Women's Field Hockey League Summer Session (June 22 – August 18th, 2010) Registration Fee: \$60 per Person

Team Name: _____
(If Known)

Ability Level: 1 2 3 4 5 6
BEGINNER ADVANCED

Shirt Size: Small Medium Large XL

Position: _____

Personal Information

First Name: _____ Last Name: _____

Phone 1: _____ Phone 2: _____

Address: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Emergency Contact

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Waiver and Release

I acknowledge and assume the risks inherent in the activities for which I have registered, and understand that serious injuries or death may result from my participation. I agree to release and hold harmless Game On, LLC, its members, employees, agents, subcontractors, providers and affiliates from any and all liability for personal injury, including death, or property damage, including without limitation any claims, costs, damages, attorneys fees, insurance fees and medical expenses, resulting from or related to my participation in this program. I understand that medical or injury insurance coverage is not provided by or through Game On, LLC. If needed, I grant permission to receive emergency treatment and I authorize the attending physician to administer any necessary medical attention.

Photographs and videos may be taken during the activities, to be used as promotional material, including video presentations, brochures and on the Game On, LLC website. I grant Game On, LLC and its agents the right to use, reproduce, assign, and distribute photographs, films, videotapes and sound recordings of me for use in any such materials they may create.

I HAVE READ THIS AGREEMENT, INCLUDING ITS ASSUMPTION OF RISKS, WAIVER AND RELEASE, I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

SIGNATURE

DATE

SIGNATURE of Guardian (if under 18)

DATE

Return form by mail with payment payable to:
Game On, LLC
P.O. Box 1295
Williston, VT 05495