

RMU CLASSIC

May 22nd 2010

Registration

Name _____

Address _____

Email _____

Phone _____ **Age** _____

Grade _____ **School** _____

Waiver Form

I give my consent to the above named person to participate in all of the activities at the field hockey clinic/ play day at Robert Morris University, and accept full responsibility for participation.

I assume all risks and hazards incidental to the conduct of the activities and to further release, absolve, and hold harmless the organizers, coaches, referees, and supervisors of any organization related to this event.

In case of Injury to the above named person, I waive any and all claims of negligence against Robert Morris University, their associates, as well as any person or party associated with the event.

I have read the above paragraph and understand it fully. I assume all risk of injury. This release is signed as my own free act and deed.

Signature of Parent Guardian _____ Date _____

Please return with entry fee to:

Olivia Netzler

Department of Athletics

6001 University Boulevard

Moon Township, PA 15108-1189

#Please make checks payable to Robert Morris University of \$50.00 per player/athlete.