



## Wilton High School Field Hockey

# Summer Conditioning Waiver of Liability

Player

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State,

Zip \_\_\_\_\_

Phone (Home and Parents'  
cells) \_\_\_\_\_

Age \_\_\_\_\_

E-mail \_\_\_\_\_

### Waiver MUST BE SIGNED

I know that running and fitness training is a potentially hazardous activity and I or my child should not participate in this program unless I am medically able and authorized by my physician, and properly conditioned. I also know that there will be traffic on the course routes. I assume the risk of running in traffic along with any and all other risks associated with participating in this program, including but not limited too: conditions on and of the roads or trails, falls, contact with other participants, the effects of weather, including heat and/or humidity, cold, wind, snow, lightning, rain or ice, with all such risks being known and understood by me. I agree to abide by all decisions of the program official(s) relative to my ability to safely complete this program. In order to ensure a safer environment for myself and all other participants, I agree to not wear headsets, or bring any animal. I understand that I am solely responsible for my own safety while traveling to and from or while participating in this program. Knowing these facts, and

in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might lay claim on my behalf covenant not to sue, and waive, release, and discharge **Jonathan Hudak, Hudak Fitness Solutions LLC**, spouse, relatives, volunteers, any and all sponsors, agents, employees, assignees, or anyone on their behalf from any claims or liability for death, personal injury, or property damage of any kind or nature whatsoever, arising from or in the course of my participation in this program, though that liability may arise out of negligence or carelessness on the part of a person named or unnamed in this waiver. The release & Waiver extends to all claims of any kind whatsoever; foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the program director and/or any sponsors, agents authorized by them to use any photographs, video or motion picture recordings, or any other record of this program for any purpose. Entries any minors must be signed by a parent or legal guardian. The adult that signs for a minor agrees to indemnify any and all persons or entities listed in this Release & Waiver against any claims brought against them by that minor at any time, arising from that minor's participation in this program.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medical History Form

Player name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Physician & phone number: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

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List prescription and non-prescription medications you are taking:

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Any other special medical information or medical history:

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