

**Muhlenberg College
High School Field Hockey Event
Medical Waiver**

I certify that my daughter _____ is in sound physical condition for participation without any limitations in the Muhlenberg College High School Field Hockey Event, which will take place on _____

(Raindate TBA). Also, I authorize the staff of this high school field hockey event to act according to their best judgement in an emergency that requires medical attention. I have adequate accident insurance coverage and hereby waive and release Head Coach Megan Eddinger and Muhlenberg College, its' staff and student-athletes, from any and all liability in the event of injury or illness requiring treatment, hospitalization and/or surgery.

In consideration to the use of premises or facilities owned or operated by Muhlenberg College and/or in consideration of permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrator, successors, or assigns; I hereby release and forever discharge Muhlenberg College, its agents, servants, trustees and employees of and from any and all manner of actions, cause of action, suits, damages, claims and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising in this Muhlenberg College high school field hockey event.

Please **list any medical needs or pre-existing conditions** that the staff should be aware of:

Print Parent/Guardian Name

Insurance Provider

Signature of Parent/Guardian

Date

Address: _____
Street

20_____
Year athlete will graduate from high school

City State Zip

Phone Number

Cell Number

NOTE: WAIVER FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO PARTICIPATION.