

Stick it to Breast Cancer
FIELD HOCKEY TOURNAMENT
Benefit for ABCD: After Breast Cancer Diagnosis

July 25, 2010
Hart Park
Wauwatosa

WAIVER: OVER 18 PARTICIPANT

Player's Name:

Phone:

Address:

Email:

Emergency contact name: _____ and number: _____

Waiver/Release:

I certify that I am in good enough health to participate in the Stick it to Breast Cancer Field Hockey Tournament.

I hereby authorize the Stick it to Breast Cancer Field Hockey Tournament organizers and trainers to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release them and Hart Park from any and all liability for injuries and illness while in attendance. I have medical insurance and will be responsible for any medical and other charges in connection with my child's attendance. Stick it to Breast Cancer has a secondary medical insurance policy which covers each participant but can only be filed after the primary insurance claim has been filed.

Signed: _____ Date: _____