



HOCKEY2
MINOR WAIVER / RELEASE
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____ (date of birth ___/___/___), my minor child ("my child"), being allowed to participate in any way in HOCKEY2 Sessions/events, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and

2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, or others, and assume full responsibility for my child's participation; and

3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby waive release absolve and indemnify the organizers, other participants, Hockey2 ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in this program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law; and

4. I hereby grant permission for my child to participate fully in this program, and hereby give permission for any and all medical attention necessary to be administered to my child in the event of any accident, injury, sickness, etc. I also hereby assume the responsibility for payment of any such treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Health Insurance Information:

Insurer: _____ ID#: _____

My son/daughter has allergies or other medical restrictions: ___ Yes ___ No

If yes, please list them:

Emergency contact: Name: _____ Relationship: _____
Home phone: _____ Other phone: _____
Email: _____

Signed: _____ Date: _____
(PARENT/GUARDIAN SIGNATURE)

Print Name: _____
(PARENT/GUARDIAN)