

# HOCKEY DEVELOPMENT CENTRE

## Player Information Wavier

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**If there is an emergency and I cannot be reached, please contact the following person, who is authorized on my behalf:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Waiver and Release of Liability Clause

I, the above-named applicant's parent or legal guardian appreciate that the sport of hockey involves many inherent risks, dangers and hazards. This Waiver and Release of Liability is signed with full knowledge of those risks, dangers and hazards, and our agreement to accept all such risks. I assume any and all risks associated with the event/program; including but not limited to, falls, contact with other persons or objects, and the behavior of other participants. As a condition of my entering this event/program, I, for myself, and on behalf of the participant for whom I am signing, waive and release, the Wolverines Hockey Academy any associated or related entities, their coaches, their managers, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event/Program Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this event/program or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event/program Organizers. I agree that the Event/Program Organizers shall not be liable for any personal injury, death or property loss, and I release the Event/program Organizers and waive all claims with respect thereto. I grant permission to the Event/Program Organizers to use or authorize others to use any photographs, motion pictures, or any other record of my participation in this event/program or related activities without remuneration. The Applicant and his/ her Parents or Guardians warrant that the Applicant is in good health and has no medical problem or condition, unless otherwise specified in writing.

Participant and participant's guardian have agreed to these release terms of their own free will.

I have read this Waiver. I understand and accept its terms.

Signature: \_\_\_\_\_  
(Parent/Guardian Signature if Entrant under 18)

Date: \_\_\_\_\_

