



Francis Howell Hockey Club

P.O. Box 2003
St. Peters, MO 63376
www.francishowellhockey.com

MEDICAL RELEASE

I, the undersigned parent or legal guardian of _____ do hereby consent to have prompt definitive emergency medical care administered to the aforementioned member of my family (or player in the Francis Howell Hockey Club) in my absence, in doing so, I release the administrating facility and individual from all liability from medical services performed. The Francis Howell Hockey Club and/or members and representatives are hereby absolved from liability for subsequent consequences occurring from any injury or services rendered.

The name of our family physician is: _____ Phone # _____

Signature of Parent or Legal Guardian

Date

Signature of Witness

Date

LIABILITY RELEASE

In consideration of the opportunity to participate in the Francis Howell Hockey Club, I recognize that such an undertaking involves an element of risk. Therefore we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Francis Howell Hockey Club, its agents, employees, officers and or volunteers. Neither the Francis Howell Hockey Club, nor any said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

Signature of Parent or Legal Guardian

Date

Signature of Participant

Date

Signature of Witness

Date