IceHawks Waiver of Liability Player

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

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*NO PLAYER MAY PARTICIPATE IN CAMP\* WITHOUT THIS FORM SIGNED AND COMPLETED: WAIVER & RELEASE OF LIABILITY WAIVER & RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

1. I recognize that there are certain risks, which are inherent in ice hockey activities. I further recognize that these risks cannot be eliminated regardless of the care taken to avoid injuries. On my own behalf, on behalf of my child, and on behalf of my successors, representatives, family, heirs, assigns, and estates, I acknowledge and understand that the decision to participate in the IceHawks Program places the child at risk of serious injury, illness, and liability. 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest clinician immediately; and, 4. I, on my own behalf, on behalf of my child, and on behalf of my successors, representatives, family, heirs, assigns, and estates, will fully comply with all mandates and protocols set forth by the CDC, State, and Local government, in regards to the personal health and safety of myself and family members, while participating in this program during a pandemic. I AM RESPONSIBLE FOR THE SANITIZATION OF ALL EQUIPMENT REQUIRED TO PARTICIPATE; and, 5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS IceHawks, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVERED MY RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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