

WAIVER OF LIABILITY, RELEASE ASSUMPTION OF RISK & INDEMNITY AGREEMENT Elite Hockey Program, LLC "College Combine Camp"

For and in consideration of participant's registration with the Elite Hockey Program, LLC., The Elite Hockey Program College Combine Camp and being allowed to participate in events and activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in "College Combine Camp", the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s)) does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns. Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any activities and events, and understand that said sport and activities involve risks to participant's person including bodily injury (including concussions), partial or total disability, paralysis, death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by negligence of the participant or negligence of others, including the "releases" identified below. It is further acknowledged that there may be risks and dangers not know to us or are not reasonably foreseeable at this time. Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks, if any, arising from the conditions and use of ice hockey rinks and related premises acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision of instruction by releases. Participant and/or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever of wherever made or presented for participant's personal injuries, property damage, or wrongful death. It is the purpose of this agreement to exempt, waive, and relieve releases from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releases. 'Releasees" include Elite Hockey Program, LLC, and its associates, as well as coaches, officials, and other participants and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees. Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey and the Elite Hockey Program College Combine Camp to exist in its present form.

PARTICIPANT NAME (PRINT)

PARTICIPANT SIGNATURE

Date Signed

PARENT OR GUARDIAN SIGNATURE

(If Participant is 17 years of age or younger)

CONSENT TO TREAT Elite Hockey Program, LLC. "College Combine Camp"

This is to certify that on this date, I _____, as parent of guardian of _____, (athlete/participant) give my consent to Elite Hockey Program, LLC, and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant for any injury that could arise from participation in "The Elite Hockey Program College Combine Camp". If said participant is covered by any insurance company, please complete the following:

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT PHONE NUMBER: _____ *Certified.