

# HOCKEY CLINICS 2024 WAIVER

## BUDS 4 HOCKEY

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ League \_\_\_\_\_ Level \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Cell \_\_\_\_\_

### Hockey Clinic Agreement, Waiver & Release of Liability (all participants must sign)

In consideration of being allowed to participate in any way in the athletic/sports programs, related events, and activities, the undersigned acknowledges, appreciates, and agrees that; The risk of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and do assume full responsibility for participation; and, I willingly agree to comply with the stated and customary terms & 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 official immediately; and, I for myself and on behalf of my children 18 or under, for whom I am signing, my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BUDS 4 HOCKEY, Bruce Fowler ("owner") their officers, officials, employees, and/or agents, 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, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I have read the rules of the Palisades Center Ice Rink and the Fritz Diet Ice Rink will abide by them. I have explained the rules to my children. I agree that the staff of the facility may require the withdrawal from any sessions any skater who violates the rules. I agree that the Facility is not responsible for broken, lost or stolen equipment or other expenses incurred while at the Facility.

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

This is to certify, I as a parent or guardian with legal responsibility for this participant do consent and agree to his/her release you provided above, all releases and for myself my heirs, assigns, and next of kin, release and agree to indemnify the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THEIR NEGLIGENCE.

Signature of Participant, Parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**