

West End Classic Hockey Tournament

Team Waiver, Release, and Consent Form

1. General Information

Tournament Name: West End Classic

Tournament Location: [Insert Location]

Tournament Dates: [Insert Dates]

Team Name: _____

Age Group: (Circle one) U8 / U9 / U10 / U11 / U12 / U13

Coach/Team Representative Name: _____

2. Team Roster

Please provide the full roster of participating players and their parent/guardian information (if under 18). Attach additional sheets if necessary.

3. Waiver and Release of Liability

In consideration of the participation of the above-named team in the West End Classic Hockey Tournament, the undersigned acknowledges, appreciates, and agrees to the following on behalf of all team members, their families, and representatives:

1. Acknowledgment of Risks:

- I understand that participation in ice hockey involves inherent risks, including but not limited to serious bodily injury, permanent disability, paralysis, or death. These risks may result from the actions or inactions of players, coaches, officials, or the condition of the playing area and equipment.

2. Assumption of Risks:

- On behalf of the team and its members, I knowingly and freely assume all risks, both known and unknown, even if arising from negligence of the releasees or others and assume full responsibility for the team's participation.

3. Release of Liability:

I, on behalf of the team, its members, and their representatives, hereby release, indemnify, and hold harmless the West End Classic organizers, officials, volunteers, sponsors, facility providers, and all associated personnel (collectively referred to as "Releasees") from any and all liability, claims, or demands arising out of or related to any injury, illness, disability, or loss incurred due to participation in the tournament. By participating, I on behalf of the team, its

members, and their representatives understand and assume all risk and dangers incidental to the participation in ice hockey herein, including, without limitation, the danger of bodily injury and damages resulting from falls, collisions, uneven surfaces, trip hazards, or contact with other participants, ice skates, other objects or artificial structures that are within my intended path of travel as a participant. I understand my participation herein may involve strenuous physical activity and interactions with others, both of which can place stress on my body and may increase the likelihood of injury or transmission of infectious disease. I also know natural and man-made obstacles or hazards and surface and environmental conditions may present during my participation herein and each may carry a significant risk of personal injury or infection to myself and/or damage to my property. At all times, I agree to take an active role in identifying and accepting those risks, conditions, obstacles and hazards. I hereby agree to indemnify and save and hold harmless the West End Classic organizers, officials, volunteers, sponsors, facility providers, and all associated personnel (collectively referred to as "Releasees") together with any associated or affiliated corporations therewith and each of their respective owners (direct and indirect), members, parent and affiliated companies, subsidiaries, successors, assigns, officers, officials, directors, employees, agents, representatives, personnel, and the owners and lessors of the premises used to conduct the West End Classic Hockey Tournament from any loss, liability, damage, or cost they may incur due to my participation herein whether involving the negligence of the Releasees or otherwise. I, my heirs, assigns, administrators, executors, legal and personal representatives, and next of kin agree not to make any claim or take any actions or proceedings of any type in respect of any matter referred to in this release against any of the Releasees or against any other person, corporation, firm or government authority who or which might claim contribution, indemnity or relief from or over the Releasees.

4. Medical Treatment Authorization:

- In the event of an emergency, I authorize tournament officials to secure medical treatment deemed necessary for any team member and agree to be responsible for any associated costs.

4. Media Release Consent

I grant permission to the West End Classic to photograph, video record, or otherwise capture images of the team during the tournament and to use such materials for promotional, marketing, and other legitimate purposes without compensation.

Opt-Out (Initial if declining media consent): _____

5. Code of Conduct

I agree that all team members, coaches, and representatives will uphold the tournament's rules and regulations and conduct themselves in a respectful and sportsmanlike manner. I understand that failure to comply may result in disciplinary action, including ejection of the team from the tournament.

6. Signature and Acknowledgment

By signing below, I acknowledge that I have read and understood this waiver, release, and consent form in its entirety. I agree to its terms and conditions and confirm that the information provided is accurate. This acknowledgment is made on behalf of the entire team.

Coach/Team Representative Signature: _____

Date: _____

For Tournament Use Only

Form Received By: _____

Date Received: _____

Staff Initials: _____