



**TD/Lexmark/United Way
Charity Hockey Game Registration Form
SATURDAY NOVEMBER 22, 2025**

Full Name :

Date of Birth:
(mm/dd/yy)

 / /

Email :

Phone # :

Position (circle one):

Goalie Defense Forward

Playing Experience:
(circle one)

Recreational House League AA/AAA
University/College Professional

Name on back of Jersey:

Jersey Size (circle one)

Medium Large X-Large XX-Large

Jersey Number:



Registration Fee: \$25.00
E-Transfer:
sam@scoringgoalsforthecommunity.com



Scoring Goals For the Community, Lexmark International, TD, The United Way and its directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, the representatives (the "organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, tournament, game, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization and its participants.

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to ice hockey. The risks and hazards of ice hockey include, but are not limited to, injuries from:

- Exerting and stretching various muscle groups;
- Vigorous physical exertion, rapid movements and quick turns and stops on the ice;
- Strenuous cardiovascular workouts;
- Collisions with the hockey boards, goalie nets and ice;
- Being struck by hockey sticks and pucks;
- Physical contact with other participants, resulting in injuries to the eyes, teeth, face, head and other parts of the body, bruises, sprains, cuts, scrapes, breaks, dislocations and spinal cord injuries which may render me permanently paralyzed;
- Variations in the ice surface;
- Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.

Furthermore I am aware:

- That injuries sustained in ice hockey can be severe;
- That Scoring Goals For the Community hockey events are non-contact games. It is understood and accepted that body contact may occur and that some body contact is purely accidental. Nevertheless, all players are responsible for their own actions. Body checking is strictly prohibited;
- That I may experience anxiety while challenging myself during activities;
- That I can lessen the chance of severe injury by wearing certified protective hockey specific equipment, including but not limited to, shin pads, elbow pads, shoulder pads, helmet, hockey gloves, hockey pants, athletic support and neck guard;
- That despite the rules in place, violations and or accidents will occur and may result in injury; and
- That my risk of injury increases as I become fatigued

Release or Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating and
- c) To release the Organization from liability for any and all claims, demands, actions, and costs including, but not limited to, breach of contract, breach of statutory duty of care or breach of occupiers' liability act, that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the organization.

Acknowledgement

You expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein. By signing this document, you acknowledge that you, the registered participant, expressly consent to be bound by its terms and conditions and grant Scoring Goals For the Community, Lexmark International, TD, The United Way the rights set forth herein.

You acknowledge that you are of legal age of majority, have read and understand this agreement and are aware that by signing this agreement you are waiving certain legal rights. You have executed this agreement voluntarily, and that this agreement is to be binding upon yourself, your heirs, executors, administrators and representatives.

Participant Signature

Participant Name (Please Print)

Date