

# Elite Concepts Goalie Training Summer 2021 Camp

**July 23-25, 2021**

**Outpost Ice Arenas  
9530 Tramway Blvd. NE, Albuquerque, NM 87122**

## PLAYER INFO

First Name	Last name	Current Team
Home Phone	Parent Cell/Work Phone	Player Phone (if applicable)
Street/Mailing Address	City, Prov./State	Postal/Zip
Parents/Guardians	Parent e-mail	Player e-mail (if applicable)
Date of Birth	Height	Weight

### Daily Schedule

**July 23- July 25**

Ice - 9:00am - 10:30am

Off-ice - 10:45 - 11:30am

Ice - 12:00pm - 1:30pm

\*Final address following ice time Sunday

Contact:

**Shelley Payne**–

shelley@eliteconceptsgoalietraining.com

505-946-8812

**Cost for Camp                    \$375 USD**

Total Paid: \_\_\_\_\_ method of payment - circle (Paypal/Check)

If paying by check – Payable to: Shelley Payne

If paying via Paypal: shelley@eliteconceptsgoalietraining.com

If paying by check mail to address below:

223 N. Guadalupe St. #298

Santa Fe, NM 87501

Please sign here to indicate  
acceptance of the terms of the  
camp. Please sign expanded  
waiver on next page.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIABILITY WAIVER FORM**

**WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, parent, or legal guardian, acknowledge the inherent risk involved in hockey activities, and all related activities thereto. Accordingly, in consideration of myself, or my child, being allowed to participate in any hockey activities and/or other activities under the auspices of and/or related to Elite Concepts Goalie Training agree to the following:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/ or child) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (and/or child's) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE. I ALSO ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/or child) CANNOT PARTICIPATE IN ANY ACTIVITIES IF I (and/or child) HAVE RECENTLY SUFFERED FROM ANY FEVER, SORE THROAT, VOMITING, DIARRHEA, OR ANY OTHER COMMUNICABLE SYMPTOMS OR HAVE BEEN EXPOSED RECENTLY TO SOMEONE WITH THESE SYMPTOMS. I FURTHER ACKNOWLEDGE THAT OTHER PARTICIPANTS IN THESE ACTIVITIES MAY BE INCUBATING DISEASES INCLUDING COVID-19, AND MAY BE CAPABLE OF SPREADING DISEASE TO OTHERS.

2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY OR SICKNESS.

3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE ELITE CONCEPTS GOALIE TRAINING AND THEIR AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASEES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY SICKNESS, INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTY'S ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS.

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child.

Name of Participant (printed): \_\_\_\_\_

Signature of Participant  
Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent  
or Legal Guardian: \_\_\_\_\_

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