

Elite Concepts Goalie Training Summer 2023 Camp

July 28 - July 30

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

***subject to change**

Friday: off ice/classroom 3-4pm; ice 5-6:30pm

Saturday/Sunday: off ice/classroom 10-11am; ice 11:30-1pm

*Final address following ice session Sunday

Contact:

Shelley Payne—

shelley@eliteconceptsgoalietraining.com

505-946-8812

Cost for Camp - \$275USD

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: _____