



Student Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Camp City: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Students Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Level: \_\_\_\_\_

**I have read and understood the conditions bellow:**

**Student/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Waiver and Release of Liability**

I/we, the undersigned, acknowledge the inherent risks involved in ANY/ALL on-ice and off-ice activities while at the "PACEShockey Program" (hereby known as "PACES")

This includes, but is not limited to, ANY/ALL form(s) of coaching, instructing, teaching, supervising, training, and giving lessons to ANY/ALL persons of ANY/ALL age whether on-ice or off-ice.

Accordingly, in consideration of being allowed to participate in ANY/ALL on-ice and off-ice activities at PACES, I agree to the following:

1. I/we acknowledge and fully understand that I/we will be engaging in activities that involve risk of serious injury, which may include permanent disability, even death, and severe social and economic losses which might result not only from my/our actions, but also from the action, inaction, or negligence of others. The rules of play, or the condition of the premiere, or of any equipment used, and further, that there may be risks not known to me/us or not reasonably foreseeable.
2. I/we agree to assume all the foregoing risks and accept personal responsibility for my/our own damages following such injury, permanent disability or death.
3. I/we release, hold harmless, waive, discharge, and covenant not to sue PACES and all their respective agents, affiliates, associates, officers, directors, owners, and employees, agents or invitees. (collectively "Releasees") from demands, actual losses, or damages on account of any injury, death or damages to property, caused or alleged to be caused in whole or in part by Releasees or any other party's actions, inactions, or otherwise, and agree to indemnify Releasees from any and all third party claims caused in whole or part by my/our actions. Excluding claims arising out of the gross negligence or intentional misconduct of releasees.

I/we have read the above Waiver and Release, and understand that by signing below I/we have given up substantial right.

\_\_\_\_\_  
Name/Group/Company (Printed) Date Signature

\_\_\_\_\_  
Email Address

(for payment please send via PayPal to [Magnusethan@aol.com](mailto:Magnusethan@aol.com) as a FRIEND or to Venmo at [Magnusethan@aol.com](mailto:Magnusethan@aol.com). If you wish to send a check please do so to Coach Lloyd 27011 Pierpont Ct Valencia CA 91355)