

WESTERN CANADA HOCKEY EXPOSURE CAMP

CONSENT

I understand there will be Certified Athletic Therapists (the “Athletic Therapists”) providing emergency response and injury care, throughout the duration of the Western Canada Hockey Exposure Camp.

I hereby consent to the Athletic Therapists to attend to me on the ice, if I am injured. I also consent to the Athletic Therapists to assess and treat/tape me if necessary and recommended.

I acknowledge that the Athletic Therapists are not physicians and do not diagnose illnesses or disease or any other physical or mental disorder. I clearly understand that the assessments during the Western Canada Hockey Exposure Camp are not a substitute for a medical examination. I acknowledge that no assurance or guarantee has been provided to me as to the results of the assessments or treatments.

I understand and agree that if the Athletic Therapists determine it is not safe for me to continue playing in the camp, I will discontinue participation. The Athletic Therapists have the final decision, unless a note from a Medical Doctor is presented, clearing me to participate in the Western Canada Hockey Exposure Camp.

Notes from physiotherapists, chiropractors, massage therapists, etc, will not be accepted for return to play clearance.

Name of Player: _____

Name: _____

Date: _____

Signature: _____

Parent or Guardian (if under the age of 18 years old)

Name: _____

Date: _____

Signature: _____