

# DAUPHIN KINGS HOCKEY SCHOOL WAIVER FORM

In consideration of being allowed to participate in any way in the Dauphin Kings Hockey School, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injuries from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist: and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and
3. I willing agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and
4. I, for myself and behalf of my heirs, assigns, personal representative and next of kin, HERBY RELEASE AND HOLD HARMLESS Dauphin Kings Hockey School, their officers, officials, agents, and all employees, other participants sponsoring agencies, sponsors, advertisers, and if applicable owners and lesser of premises used to conduct the event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this release of liability and assumptions of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participants Name/Signature\_\_\_\_\_

Position \_\_\_\_\_ Age\_\_\_\_\_

Date Signed\_\_\_\_\_

Witness\_\_\_\_\_

## **FOR PARTICIPANTS OF MINORITY AGE (Under Age is at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, or all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to Indemnity the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Emergency Telephone\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Medical Number\_\_\_\_\_

Witness\_\_\_\_\_

***#ForTheCrown***