

Trevor Carter Goaltending

Registration & Waiver Form

Player Name: _____

Date Of Birth (MM/DD/YYYY): _____

Current Level of Hockey: _____

Parent or Gaurdian(s)

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Phone Number: _____

Phone Number: _____

Emergency Contact - Name & Phone Number (Only Fill out if Emergency Contact is not the Parent Or guardian): _____

NOTICE TO ALL T.C.G. PARTICIPANTS AND ATHLETES – WAIVER OF LIABILITY

**ASSUMPTION OF RISK – BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY**

- I am aware that the risk of injury to the above participant's participation in T.C.G. hockey activities, on ice sessions, private lessons, on ice drills, hockey school, practices and/or programs has, in addition to the usual dangers and risks inherent in the sport of hockey, certain additional dangers and risks including, but not limited to, the danger and risk of collision with other participants and/or manmade objects (sticks, pucks, boards, ice), and I freely accept and fully assume all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting there from. In consideration of the arena and T.C.G. permitting my participation in the aforementioned sessions/program/training I hereby agree as follows:

1. To waive any and all claims that I may have against the Arena, Trevor Carter Goaltending and their directors, officers, employees, agents and representatives, and any volunteers in any way associated with the sessions/program/training, (all of whom are hereinafter collectively referred to as "the releasees");

2. To release the releasees from any and all liability for any loss, damage, injury or expense that may be suffered as a result of the above registrant's participation in the sessions/program/training due to any cause whatsoever, including any negligence, breach of contract, breach of statutory duty of care, or breach of the occupiers' liability act on the part of the releasees;

3. To hold harmless and indemnify the releasees from any and all liability for any property damage, stolen goods or personal injury to any third party, resulting from participation in the event/program/game;

4. In consideration of the above participant's participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to ice hockey. The risks and hazards of ice hockey include, but are not limited to, injuries from:

- Vigorous physical exertion, rapid movements and quick turns and stops on the ice;
- Strenuous cardiovascular workouts;
- Collisions with the rink boards, hockey nets and ice;
- Being struck by hockey sticks and pucks;
- Physical contact with other participants, resulting in injuries to the eyes, teeth, face, head and other parts of the body, bruises, sprains, cuts, scrapes, breaks, dislocations and spinal cord injuries which may render me permanently paralyzed;
- Variations in ice surface;
- Travel to and from competitive events and associated non-competitive events, which are an integral part of the Organization's activities.

Furthermore, I am aware that:

- Injuries sustained in ice hockey can be severe;
- Players may experience anxiety while challenging themselves during the activities;
- Risk of injury is reduced if rules are followed; and
- Risk of injury increases as participant's fatigue.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Parent Or Guardian Signature _____ Date: _____

Student or Athlete Signature _____ Date: _____