



Conditioning Skate Information

Date: \_\_\_\_\_, 2019

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

Date of Birth: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact name (parent/other): \_\_\_\_\_

Emergency Contact number (parent/other): \_\_\_\_\_

Emergency Contact emails (parent/other): \_\_\_\_\_

Last Team: \_\_\_\_\_

League: \_\_\_\_\_

Signed Liability Release (attached): Yes \_\_\_\_\_ No: \_\_\_\_\_

Conditioning Skate Payment (\$60.00): Yes \_\_\_\_\_ No: \_\_\_\_\_



## LIABILITY WAIVER AND CONSENT FORM

In consideration of being allowed to participate in any way in the Beaumont Chiefs 2019 Conditioning and/or Tryout Camp, related events and activities, the undersigned acknowledges, appreciates, accepts and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal disciplines 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 willingly 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 to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Beaumont Chiefs Junior B Hockey Club, their officers, directors, officials, agents, sponsors, advertisers, and if applicable owners and lesser or premises used to conduct the event releases WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to a person or property, WHETHER CAUSED BY NEGLIGENCE OF RELEASES OR OTHERWISE.

I have read this release of liability and assumption 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. This is to certify that I do consent and agree to this release as provided above, of all the releases and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Release for any and all liabilities incident to my (or my minor child's) involvement or participation in these programs as provided above.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's/Guardian's Signature

\_\_\_\_\_  
Date