



Waiver and Release Form

The following forms will need to be printed and faxed back to us at (306) 347-1087

****Failing to fill out forms completely may result in a loss of coverage.****

3287 Quance Street, Regina, SK. S4V 3B7
1-877-678-7411
(306) 522-8371

Please fax application to (306) 347-1087.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **CANADIAN SUMMER TRIPLE AAA HOCKEY ASSOC. TEAM NAME** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES 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 (**CANADIAN SUMMER TRIPLE AAA HOCKEY ASSOC. TEAM NAME ABOVE**), their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event ("Releasees"), 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 ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE

(Under 18 at time of registration)

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

RELEASE & SIGNATURES FORMING PART OF AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY ATTACHED PAGE(S)

Player Name

Player Signature

Parent Signature Birth Yr.

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
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20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____