

Chatham Summer Skate Player Medical and Liability Release

This Player Release is made by _____ (the "Player") as well as jointly and severally with the Player's parent's or legal guardian

_____ (the "Parents/Guardian")

residing at _____ and is dated as

of ____ / ____ / 2009.

The Player and I acknowledge that ice hockey is a contact sport. I understand that there are risks and dangers to which my child may be exposed playing ice hockey. Nonetheless, I want my child to participate in these activities despite the risks and dangers. With informed consent and for valuable consideration given the Player and I agree that neither the Chatham Youth Hockey Program, Inc. nor any of its directors, officers, coaches, managers, agents, employees, representatives, team coordinators, persons involved in any manner in skating sessions, persons who contract for ice time at a rink, and the ice rinks (including but not limited to Twin Oaks Ice Rink LLC, Union Sports Arena LLC, Bridgewater Sports Arena, and their respective affiliates) (the "Releasees") shall be liable for any injury, loss or damage resulting directly or indirectly from any participation in the sport of ice hockey, whether participation occurs on or off the ice. The Player and I hereby discharge and release the Releasees from any and all actions, claims, judgments, liabilities, and demands for injury or damage from any cause whatsoever whether known or unknown which occur as a result of the Player's participation in any activity, on or off the ice or while traveling to or from games or practice sessions. It is understood that said release and discharge shall bind the heirs, legal representatives, successors and assigns of the parties to this agreement. I agree to defend, indemnify, and save Releasees harmless from and against any and all liabilities. I understand and recognize that I am giving up, among other things, all rights to sue Releasees for injuries, damages, or losses that my child may incur.

The Player and the Parents/Guardian represent the Player is in excellent physical health and suffers from no disability or medical condition which would affect or impair the Player's ability to participate in the sport of ice hockey. The Player and Parents/Guardian agree to provide a written statement as to any injury or medical condition that would affect or impair the Player's ability to participate in the sport of ice hockey. The Player and Parents/Guardian authorize and request that coaching and managerial staff act for them in their behalf in any emergency or injury to the Player requiring professional medical treatment, should the Parents/Guardian be unavailable to personally authorize such treatment.

I have read this Release. I fully understand the entire release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be bound by the Release. If any provision of this Release is determined to be invalid it shall be severable and the rest of the release shall remain valid.

Parent/Guardian Signature

Print Name

Player Emergency Details

Player Name: _____

Player address: _____

Parents/Guardian Contact Details:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Contact: _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Contact: _____

Insurance Details:

Hospitalization Insurance Company: _____

Policy Number: _____

Medical and Other Information:

Please provide below any medical or other information or history relevant to the treatment of the Player including current medications the Player is taking, any allergies to medications, and any other allergies:
