

Participant Waiver

Name: _____ Birth date: _____

Address _____ City _____ P.C. _____

Phone: _____ Email: _____

Name of Parent/Guardian: _____

Terms and Conditions

- The Youth division participant understands that he or she must supply his or her own stick, gloves, shin pads, elbow pads, helmet w/ facemask, and goalie equipment, jerseys, and jock or jill strap.
- Registration fees are not refundable **after May 27 2018, prior to that date a cancellation fee of \$50.00 will be apply**
- The parent, coach and/or participant agree to abide by the rules of the game and rules of conduct, as set forth by the tournament committee.

Release by Applicant

I, _____
(Name of Participant)

Hereby agree to abide by the terms and conditions set forth in this form for the duration of the tournament. I understand and assume all risks and hazards incidental to my participation, including transportation to and from the activities and I waive, release, absolve of indemnity and agree to hold harmless the Tournament Capital of Ontario, the City of Brantford, The Lung Association, Ball Hockey International, their respective officers, directors and employees, other participants, and sponsors, for any claim arising out of an injury or accident.

(Signature of Applicant) (Date)

Release by Parent or Guardian

I/We, _____

(Name of Parent or Guardian)

Hereby give my/our approval to allow the above applicant to participate for the duration of the tournament. I agree that he/she will abide by the terms and conditions set forth in this form for the duration of the tournament. I/we understand the risks and hazards incidental to the participation of the applicant and assume all responsibility for those risks and hazards and I/We waive, release, absolve of indemnity and agree to hold harmless the Tournament Capital of Ontario, the City of Brantford, The Lung Association, Ball Hockey International, their respective officers, directors and employees, other participants, and sponsors for any claim arising out of an injury or accident involving the applicant.

(Date) _____ (Signature of Parent/Guardian)