

## HAROLD GRANT MEMORIAL HOUSE LEAGUE 3 ON 3 TOURNAMENT

### WAIVER

Tournament hosted @ Wainfleet Arena, 31943 Park St., Wainfleet Ontario

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### **WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE & INDEMNITY ACKNOWLEDGMENT**

**\*NOTICE TO ALL HAROLD GRANT MEMORIAL TOURNAMENT PLAYERS-PLEASE READ CAREFULLY!\***

***By signing this document you will waive certain legal rights, including the right to sue***

I am aware that by participating in this tournament there may be physical risks and dangers inherent in the game of hockey that may include but not be limited to; collision, concussion, broken/sprained/pulled bones/muscles/tissues, having contact with or by other players, refs, linesmen and/or objects, including but not limited to sticks, pucks, boards, ice, goalie net or player equipment.

I freely accept and fully assume all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom.

In consideration of Wainfleet Arena and Harold Grant Memorial Tournament permitting my participation, I hereby agree as follows:

1. To waive any and all claims that I may have against the Arena, Harold Grant Memorial Tournament and their directors, employees, agents and representatives, and any volunteers in any way associated with the event (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 I may suffer or that my next of kin may suffer as a result of my participation in the event 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 or personal injury to any third party, resulting from my participation in the event/game; and
4. That this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

In consideration of my participation in such 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:

- Exerting and stretching various muscle groups;
- 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;

Furthermore, I am aware that:

- Injuries sustained in ice hockey can be severe;
- I may experience anxiety while challenging myself during the activities;
- My risk of injury is reduced if I follow all rules; and
- My risk of injury increases as I become fatigued.

I am of the full age of 18 years or have provided written permission from my parent/guardian to participate in the event and I have read and understand this release of liability prior to signing it, and I am aware that by signing this release of liability, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases.

This agreement must be completed in full, dated and signed by the participant, before the participant l be permitted to participate in the event/program/game.

PLAYERS SIGNATURE \_\_\_\_\_

PARENT SIGNATURE FOR MINORS \_\_\_\_\_

DATE \_\_\_\_\_