



The Frozen Apple 4v4 Hockey Tournament Waiver and Release

The undersigned wishes to participate in the Frozen Apple 4v4 Hockey Tournament, fully understanding and appreciating the inherent risks involved in the event, including, without limitation, the risks inherent in the sport of ice hockey, which include injury from pucks, skates and sticks, and injury from collision with fellow competitors or with the goal, the ice or the boards surrounding the rink. For myself, my heirs and legal representative, I do hereby release, indemnify and agree to hold harmless the Frozen Apple Crew and its sponsors and promoters of this program, and their respective officers, directors, representatives, employees and agents, and all volunteers and other participants and fellow competitors, of and from any and all losses, costs, damages, claims, demands, rights, and causes of action of whatever kind of nature, including any and all negligence claims or causes of action which result from illness, personal injuries, property damage, death or of any other damages or injuries occurring during or as a result of my participation in the 4v4 Hockey Tournament.

In further consideration of my being granted the right to participate in the Frozen Apple 4v4 Hockey Tournament, I agree that I will be responsible for any medical costs incurred with respect to such emergency medical treatment. I acknowledge that the Frozen Apple Crew, its sponsors and promoters, and their respective agents, employees and volunteers are not medical service providers, and I agree to release, indemnify, and hold harmless the Frozen Apple 4v4 Hockey Tournament and its sponsors and promoters, and their respective officers, directors, representatives, employees and agents, from any claim or cause of action whatsoever arising out of the administration of emergency medical treatment to me.

I agree to adhere to and abide by all safety rules and regulations of the Frozen Apple 4v4 Hockey Tournament, including the wearing or use of any required safety equipment or clothing.

I am of legal age and am fully competent. I have read this Waiver and Release and fully understand it. If I am not of legal age, I acknowledge that this form has been read by my parent or legal guardian whose signature appears below.

Date: _____

Name of Skater:
(Printed) _____

Name of Skater:
(Signed) _____

Parent or Legal Guardian:
(Printed) _____

Parent or Legal Guardian:
(Signed) _____