

**Ravens Give Back in Support of our Community-Ball Hockey
Tournament Waiver Form (Youth age 5-16)**

Player Name	Date of Birth
Parent/Legal Guardian's Name(s)	Parent/Guardian Phone Number (home and cell)
Mailing Address	
In case of emergency call (name and phone number)	

Release of Liability, Waiver of Claims, Assumption of all Risks and Indemnity Agreement

I AGREE that I am the parent or legal guardian of _____ and am over the age of 18 years, and that I the undersigned, agree that in consideration of myself and my child being permitted to enter and use any one of the described lands, buildings, and premises used for the Ravens Give Back in Support of our Community Bally Hockey Tournament, and for ANY activities including, but not just limited to, ball hockey, on behalf of myself, my heirs, successors and assigns, DO HERBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD Chester Minor Hockey, Eleanor Memorial Arena, The Park Complex and their directors, employees, volunteers, coaches, instructors, agents and independent contractors and their heirs, successors and assignors from any claims whatsoever arising by reason of disease, deterioration of health, illness, injury to any person, including death, or for the damage to, or loss of any of my property, resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, for the use of any of the facilities or equipment located on the lands and premises from acceptance of the advice of, or from the gross or will full negligence of the venue, Chester Minor Hockey, their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other person using the lands and premises. The activities that I will be participating in will be inherently dangerous, and I will be exposed to risk of serious injury, disability, and risk of damage to or loss of property. I acknowledge that there may not be prompt access to medical assistance or treatment when participating in any activities, and I assume and accept any risk relating to the access to medical assistance and/or treatment. By signing this document I acknowledge that I have read, understood and accepted the conditions of this waiver form and are waiving certain legal rights, including the right to sue.

Parent/Guardian Signature

Date

Privacy Consent

I, _____, do hereby consent to the collection and use of my child's personal information (including but not limited to name, address, phone number, age), personal images, athletic awards, prizes received by posting to the facility's and Chester Minor Hockey's social media or websites or local newspapers. I understand and agree that this information will not be sold to anyone without my prior written consent. I understand that my personal information can be viewed by anyone in connection with the above mentioned websites and publications. I understand that my consent can be withdrawn at any time, upon adequate prior written notice. I give this consent voluntarily and with the understanding that any of this information may be used in newspaper(s), posted on websites or other social media, and to verify my identity.

Parent/Guardian Signature

Date

