



Valley Warriors Special Hockey Program

LIABILITY WAIVER

Player's Name: _____

I hereby give my consent for the above-mentioned player to play hockey under the auspices of the VALLEY WARRIORS SPECIAL HOCKEY PROGRAM hereafter referred to as the VWSHP and to abide by the rules of the VWSHP.

I hereby acknowledge that the VWSHP does not provide any medical or accident insurance, and that I am responsible for any medical, dental or similar expenses that may be incurred as a result of any accident that may occur to the above mentioned player.

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the above-noted player while participating in any activities of Valley Warriors Special Hockey Program, the undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above mentioned player as a participant in any programs by Valley Warriors Special Hockey Program, including practices, scrimmages, skills sessions, games, transportation and other activities related to the program.

In consideration of such, the undersigned hereby releases and discharges the program, The Valley Warriors Special Hockey Program, it's operators, employees, agents, supervisors, instructors, volunteers and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of or incident to the above-noted player's participation in said program.

This is also my permission to have the above mentioned player admitted and attended to, for medical and dental treatment in case of sickness or injury.

Signature of Athlete/Parent/Caregiver: _____

Date: _____