



OLD TIMER HOCKEY WAIVER

I would like to participate in Old Timers. I am aware of the risks and hazards which may arise through participation in this activity.

I exchange for the opportunity to participate, I personally assume all risks of accident or damage to my person or property, including death, in connection with my participation in this activity. I hereby release the Walker Area Community Center, its officers, board members, trustees, agents employees and/or volunteers from any and all liability arising out of or in any way related to this activity. I understand that this release covers any and all claims against Walker Area Community Center, its officers, board members, trustees, agents, employees and/or volunteers specifically including, but not limited to, claims of negligence. I agree that this release binds me, my family, estate, trustee and/or heirs.

I have read this document. I fully understand it and agree to be legally bound by it.

Printed Name (participant name)

Signature (do not sign if under 18)

Date

For Participants under the age of 18

The above-named participant, a minor for whom I am the parent or legal guardian, has my permission to participate in Old Timers. I have read the waiver and on behalf of myself and my minor daughter/son, I release the Walker Area Community Center, its officers, board members, trustees, agents, employees, and/or volunteers from any and all liability in connection with my minor daughter/son's participation in this activity. I understand that this release covers any and all claims against the Walker Area Community Center, its officers, board members, trustees, agents, employees and/or volunteers specifically including, but not limited to, claims of negligence. I agree that this release binds me, my family, estate, trustee and/or heirs. I have read this entire document, fully understand it and agree to be legally bound by it.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Office Use Only

___ Members ___ Season Pass ___ Day Pass