**REMINDER: TEAM ROSTERS MUST BE EMAILED 2 WEEKS PRIOR TO START OF TOURNAMENT.**
**THIS SIGNED WAIVER FORM MUST BE SUBMITTED AT TEAM CHECK-IN: BEFORE FIRST GAME.**

# MHP TEAM WAIVER

Trail Blazer, Spring Stampede & Summer Round Up

PO Box 242 Albertville, MN 55301

TEAM NAME _____ LEVEL _____

| JERSEY # | PLAYER NAME (PLEASE PRINT) | PARENT SIGNATURE (needed by team check-in only) | BIRTHDATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| TEAM POSITION | COACH/MANAGER (PLEASE PRINT) | COACH/MANAGER SIGNATURE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Waiver & Release of Liability

Player and family, fully accepts the rules of USA Hockey and the MHP AAA Hockey Program. Acknowledge that each participant is voluntarily engaging in activities that involve risk which might result not only from their own actions, inactions or negligence of others, the rules of play, or the premises conditionsof any of the equipment used, and that further, there may be a risk not known to the MHP AAA Hockey organizers or not foreseeable at this time. Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following such an injury. Acknowledge that it is the participants responsibility to be properly insured and/or pay all medical costs in case of an injury and to be knowledgeable of where to contact assistance in case of an emergency. MHP AAA does not offer insurance. Indending to be legally bound, thereby, release, waive, unconditionally discharge and consent not to sue MHP AAA Hockey Program organziers, administrators, officers, directors, agents, coaches, and other employees, contractors or volunteers of the organization and corporation, for any and all liability to each of the above signed, his or her heirs and next of kin for any claim, demands, losses or damages on account or injury, including death or damage to property, caused or alleged to be caused in whole or part of the negligent to the release or otherwise in connection with association or entry in and/or arising in participation in any or all of the MHP AAA Hockey Program's official or unofficial activities, events or competitions. Hereby consent to accept responsibility for final decisions regarding continued participation if suffering from injuries. In addition, the undersigned certifies that the player is covered by the submitted health insurance plan during pariticipation with the MHP AAA Hockey Program and accepts the potential costs for treatment that may or may not be covered by the stated insurance plan.