

**Players Name:** \_\_\_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_ **AGE:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**What Team do you play for now?** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Shoots Right or Left handed:** \_\_\_\_\_

**Favorite Position: 1** \_\_\_\_\_

**Favorite Position: 2** \_\_\_\_\_

**Parent Name: 1** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone: 1** \_\_\_\_\_

**Phone: 2** \_\_\_\_\_

**Parent Name: 2** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone: 1** \_\_\_\_\_

**Phone: 2** \_\_\_\_\_

**Checks made out to: MidWest Warriors**

**PINNER #** \_\_\_\_\_

**COLOR** \_\_\_\_\_

## WAIVER AND RELEASE

The undersigned wishes to participate in the MidWest Warriors Camo Cup 3 on 3 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 MidWest Warriors Hockey organization 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 or 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 MidWest Warriors Camo Cup 3 on 3 Hockey Tournament, Tryouts, and regular season. Medical personnel will NOT be on hand. In further consideration of my being granted the right to participate in the Ice MidWest Warriors Camo Cup Hockey Tournament, Tryouts, and regular season. I do hereby consent to and authorize the MidWest Warriors Hockey Organization to obtain emergency medical treatment for me if I am injured during my participation in the event. I agree that I will be responsible for any medical costs incurred with respect to such emergency medical treatment. I acknowledge that the MidWest Warriors Hockey Organization, 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 MidWest Warriors Camo Cup Hockey Tournament, Tryouts, and the MidWest Warriors Hockey Organization and its sponsors and promoters, and their respective officers, directors, representatives, employees, volunteers, 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 MidWest Warriors Camo Cup Hockey Tournament, Tryouts, and regular season, 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.

\_\_\_\_\_  
Player printed name

\_\_\_\_\_  
Parent or legal guardian printed name

\_\_\_\_\_  
Signature of parent or legal guardian

Date: \_\_\_\_\_