



Complete Hockey Academy

Todd Griffith

Player Waiver Form



Player Name: _____

D.O.B: _____

Team/Level: _____ Position: _____

Health Card #: _____

Medical/Allergies: _____

Parent/Guardian Name: _____

Phone #: _____

Address: _____

Email: _____

Waiver: The parent/guardian acknowledges the inherent risk of injury when training on or off ice and waives any and all right to pursue legal action against the owner Todd Griffith/instructors/demonstrators/trainers of Complete Hockey Academy in the event of any players injuries sustained. I hereby release Complete Hockey Academy and any associated entities from any and all claims as a result of accidents incurred by the participant and those associated with the participant Personal or confidential information, including photos and videos, will not be shared with any third party. I have read and understand the provisions stated above and hereby assume all risk and give consent for my/the child to participate.

Covid Protocol: If the player is feeling unwell, on any day of the camp, they are asked to not attend. We ask for 24 hours notice if a player will be not attending due to sickness, less than 24 hours notice, we cannot issue a refund for the day(s) that the player misses.

We are doing our best to keep everyone safe during this difficult time. We understand the current Covid restrictions and are making sure to follow all the rules. Thank you for understanding.

Signature of Parent/Guardian: _____

Date: _____