

# Hockey Factor Summer Camp 2019

## Player Bio

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Years of Hockey Played: \_\_\_\_\_

Hockey Association: \_\_\_\_\_

Position: Forward/Defense USA Hockey Certified: Yes/No (must be before camp)

How did you hear of our camp? \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone Number:( ) - E-Mail: \_\_\_\_\_

Phone Number:( ) - E-Mail: \_\_\_\_\_

## **Hockey Factor LLC Waiver of Liability, Release Assumption of Risk & Indemnity Agreement**

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releases. "Releases" include Hockey Factor LLC, Mullett Ice Center, and event hosts, other participants, and coaches.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH), participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in Hockey Factor Camp, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished and participant (and parent(s)/guardian(s), if applicable) does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releases" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By- Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releases, she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player.

**Media Release Information**

Participant gives permission for photographs and videos to be taken during the activities of the Hockey Factor camp. These photographs and videos will remain the property of Hockey Factor and may be used in publications and marketing campaigns. The media may also be notified of these events. I/We authorize the above-named individual to be interviewed, filmed or photographed.

**Medical Release Form**

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

**WHO TO CONTACT IN CASE OF EMERGENCY?**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Hospital of Choice: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

*If the answer to any of the following question is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.*

**Have you had (or do you presently have) any of the following?**

	Circle One	Injuries to:	Circle One
Head Injury	YES NO	Shoulder	YES NO
Fainting Spell	YES NO	Knee	YES NO
Convulsions/Epilepsy	YES NO	Ankle	YES NO
Neck or Back Injury	YES NO	Fingers	YES NO
Asthma	YES NO	Arm	YES NO
High Blood Pressure	YES NO	Other	YES NO
Kidney Problems	YES NO		
Hernia	YES NO		
Diabetes	YES NO	Impaired vision	YES NO
Heart Murmur	YES NO	Impaired hearing	YES NO
Allergies	YES NO	Other: _____	YES NO

Specify:

\_\_\_\_\_ Have you had recent tetanus booster? \_\_\_\_\_ If so, when?

\_\_\_\_\_ Are you currently taking any medication? \_\_\_\_\_ What? Why?

\_\_\_\_\_ Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain:  
\_\_\_\_\_

**Consent to Treat Form**

This is to certify that on this date, I \_\_\_\_\_, as parents or guardian of \_\_\_\_\_, give my consent to Hockey Factor hockey staff medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participating in the Hockey Factor LLC Camp.

If athlete is covered by ay insurance company, please complete the following:

Name of insurance company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_ (Parents/guardian)

*Return to: Nick Szalacinski or email to [nick.hfacademy@gmail.com](mailto:nick.hfacademy@gmail.com)*