**HAT TRICK TRAINING VOLUNTARY WAIVER OF LIABILITY AGREEMENT**

This document affects your legal rights, read carefully before signing.

I wish to participate in the Training/Clinic/Game/Tournament offered by HAT TRICK TRAINING ACADEMY, INC. The Training/Clinic/Game/Tournament will be operated as described in the program brochure/website, which I have reviewed. I state and affirm that:

1. My participation is voluntary. No one is forcing me to participate.

2. I acknowledge the Training/Clinic/Game/Tournament is NOT an ESSENTIAL service provided by HAT TRICK TRAINING ACADEMY, INC.

3. I understand and acknowledge the Training/Clinic/Game/Tournament I am about to voluntarily engage in has certain risks, including but not limited to, all risks associated with hockey, (including contact and collisions with: participants and personnel, pucks, the ice, rink structures, equipment and related facilities.) I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons and their property.

4. I agree to abide by all rules established for the Training/Clinic/Game/Tournament, HAT TRICK TRAINING ACADEMY, INC. and Columbus Ice Rick and to wear appropriate sport or safety equipment associated with the activity or warranted by my own personal needs or sensitivities. I agree to inform Training/Clinic/Game/Tournament and/or HAT TRICK TRAINING ACADEMY, INC. staff of any necessary accommodations or special provisions I may need to safely participate. I agree to maintain or obtain personal health or other insurance to cover any injuries I may suffer as a participant.

5. To participate in this activity, I personally assume all risks in connection with this Activity and agree to hold HAT TRICK TRAINING ACADEMY, INC., its officials, employees, agents and contractors harmless. I waive any right to make claims or bring lawsuits against the HAT TRICK TRAINING ACADEMY, INC. or anyone working on behalf of HAT TRICK TRAINING ACADEMY, INC. for any injuries or damages related to the alleged negligence of HAT TRICK TRAINING ACADEMY, INC. or its officials, employees, agents and contractors.

6. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by HAT TRICK TRAINING ACADEMY, INC. or anyone acting on behalf of HAT TRICK TRAINING ACADEMY, INC.

7. I understand that entering into and signing this agreement affects my legal rights and result in my giving up or waiving certain legal rights. I accept and sign this agreement of my own free will.

8. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

9. My signature indicates I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

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Full Name (Please Print) Street Address City, State, Zip

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Participant Signature & Date Date(s) of Activity

Notice: If participant is under 18 years old or has a legal guardian, this release must be cosigned

by a parent or guardian. I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Clinic.

I have read and understand the above and I agree to be bound by the terms. I also agree that in the event my child is injured during the Clinic that I give permission for HAT TRICK TRAINING staff or its instructors in charge to seek medical attention for my child.

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Name of Parent/Guardian (Please Print) Signature of Parent/Guardian & Date

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Emergency Contact Information for Parent/Guardian Emergency Contact Information for Parent/Guardian