

WAIVER, RELEASE, AND INDEMNITY

**THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING.**

I wish to participate in Activities conducted by Elevate Goaltending, LLC., its employees, coaches, and agents (the Releasees). I acknowledge that participating in the Activities is HAZARDOUS and involves the RISK OF SERIOUS BODILY INJURY, DEATH and PROPERTY DAMAGE. Elevate Goaltending, LLC. does not assume responsibility for any injury incurred while participating in the Activities, both on the ice and during off-ice activities. I understand that certain risks are inherent in the participation of a hockey camp and hockey training. Nor will Elevate Goaltending, LLC be liable for lost or stolen items during the duration of camp.

I, my heirs, and my assigns, release Elevate Goaltending, LLC and the Releasees from any claims for injury, death, loss, or damage I may suffer as a result of my/my child's participation in the Activities.

I ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF DEATH, PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OR DAMAGE I MAY SUFFER OR CAUSE while participating in the Activities, whether due to the NEGLIGENCE of Releasees or any other party or from any other cause.

I agree to defend, indemnify and hold Releasees harmless from all liability, damage, and cost which may be incurred by them on account of any claim for death, personal injury, property damage or any other damage resulting from any participation in the Activities.

If any provision of this Waiver, Release and Indemnity is overly broad or invalid, such provision may be reduced in scope by the minimum amount necessary to make it valid and enforceable. In any event, the remainder of this Waiver, Release, and Indemnity will remain in full legal force.

I UNDERSTAND THIS WAIVER, RELEASE AND INDEMNITY IS A RELEASE OF ALL CLAIMS. I HAVE READ AND VOLUNTARILY SIGN THIS WAIVER, RELEASE AND INDEMNITY. I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE, OR THAT IF NOT, MY LEGAL GUARDIAN HAS ALSO SIGNED THIS WAIVER, RELEASE AND INDEMNITY.

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

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

CONSENT TO TREAT

Elevate Goaltending, LLC.

This is to certify that on this date, I \_\_\_\_\_, as Participant, parent, or guardian of \_\_\_\_\_, (Participant) give my consent to Elevate Goaltending, LLC, and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant for any injury that could arise from participation during the Activities. If the Participant is covered by any insurance company, please complete the following:

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_