

Hockey Finder

Adult League - Individual Waiver Hockey Finder LLC Liability Waiver

Agree that prior to participating, if present I will inspect the facilities & equipment, & if I believe anything to be unsafe, will immediately advise my team captain or supervisor of such conditions.

Acknowledge & fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury, or death) which might result not only from their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used. This includes any risks not reasonably foreseeable to Hockey Finder LLC. Assume all the foregoing risks as a condition of participation & accept personal responsibility for the damages following any such injury.

Unconditionally release, waive, & consent not to sue Hockey Finder LLC, officers, directors, administrators, agents, coaches, other employees, and volunteers of Hockey Finder LLC, sponsoring agencies, sponsors, advertisers, Minnesota Amateur Sports Commission, and State of Minnesota, for any & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the Hockey Finder LLC's official or unofficial activities, events, or competitions.

Accept responsibility for the decision to continue participation if suffering from injuries.

Give permission for medical data to be used anonymously in medical education & published studies of injury statistics & analysis.

Consent to use, without compensation, my picture, name, voice or likeness for promotional, television, radio, or film coverage of Hockey Finder LLC events.

Permission to Administer Medical Care - by agreeing to this waiver, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance. As the parent/guardian of the participant named above, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the head coach & on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses, & dentists, to perform any diagnostic, treatment, or operative procedures, & x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the above player. Adult Player or Parent/Guardian Information

By Signing below you are acknowledging that you have read and agree to the terms of the liability waiver.

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

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

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

Signature: \_\_\_\_\_

Mail with payment to Hockey Finder, PO Box 390313 Minneapolis, MN 55439