

Player Waiver Form



Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement:

I agree to abide by the rules, regulations, policies and procedures of the Crystal Cup Pond Hockey Challenge Committee and agree to use the facilities and equipment in a manner consistent with its intended use and application.

I understand and agree that my participation in any physical activity is strictly voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in such physical activity, I accept full responsibility and I will not hold the tournament committee, volunteers, contractors, agents, sponsors or the instructors liable.

I hereby grant to the Organizers and those authorized on their behalf, the right and unrestricted and perpetual permission, in respect of pictures of film footage that they, through their photographers and/or contractors and/or other participants in the Festival, have taken of me or in which I may be included with others during my participation in the Festival and in respect of comments I have made or written on my participation in the Festival, to use, to publish or broadcast and/or to authorize to a third party to use, publish or broadcast in the same in whole or in part in any and all media and for any purpose whatsoever, to alter said picture and footage and to use my name in connection therewith if the Organizers so choose. The Organizers have my consent to use, publish and broadcast all or part of such information in all media formats (web, etc.) for promotional purposes and communication to the public.

I hereby release and discharge the Organizers from any and all claims and demands arising out of or in connection with the use of photographs, personal information, film footage or comments, including without limitation, any and all claims for libel or invasion of privacy.

I am executing this release and waiver of liability agreement freely; I acknowledge having read the agreement before signing it. This document shall be binding upon me and my heirs, legal representatives and assigns.

Player printed name

Player signature

___/___/___
MM / DD / YYYY

Contact Information for Medical Emergency

In case of emergency please provide the following information:

Name _____ Relationship _____

Phone _____ Address _____