

Competitive Edge

Power skating/stick handling

Waiver of Liability

PLAYER'S **SURNAME**: (PRINT) _____

PLAYER'S **FIRST NAME**: (PRINT) _____

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH: _____ / _____ / _____
DAY MONTH YEAR

REGISTRATION FOR SESSION : _____

SWEATER SIZE: YOUTH: SMALL MEDIUM LARGE (CIRCLE ONE)

ADULT: SMALL MEDIUM LARGE (CIRCLE ONE)

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, CONSENT TO THE ABOVE NAMED TO PARTICIPATE IN VARIOUS ON-ICE AND OFF-ICE ACTIVITIES CONDUCTED BY COMPETITIVE EDGE/OMHDT.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE ALL PRESENT AND FUTURE ACTIONS, SUITS DEMAND AND OTHER LIABILITY WHICH I AND OR MY CHILD MAY HAVE AGAINST COMPETITIVE EDGE/OMHDT, ITS EMPLOYEES, OFFICERS, DIRECTORS, INSTRUCTORS, AND OR AGENTS FROM ALL LIABILITY ARISING FROM MY CHILD'S PARTICIPATION IN ALL ON-ICE AND OFF-ICE ACTIVITIES CONDUCTED BY COMPETITIVE EDGE/OMHDT.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, RELEASE COMPETITIVE EDGE/OMHDT, MASK MANAGEMENT, ARENA STAFF OR THE CITY OF OTTAWA FROM ANY LIABILITIES RESULTING FROM INJURIES OR ACCIDENTS THAT MAY HAVE OCCURRED TO THE ABOVE NAMED PARTICIPANT.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, WILL NOT HOLD COMPETITIVE EDGE/OMHDT, MASK MANAGEMENT, ARENA STAFF OR THE CITY OF OTTAWA RESPONSIBLE FOR ANY LOSS OF EQUIPMENT OR INJURIES THAT MAY RESULT IN THE PERFORMANCE OF ANY ACTIVITIES EITHER ON-ICE OR OFF-ICE TO THE ABOVE NAMED PARTICIPANT.

EACH PLAYER MUST WEAR FULL CSA APPROVED HOCKEY EQUIPMENT, HAVE INSURANCE PLAN AND OHIP.

SIGNED THIS _____ / _____ / _____
DAY MONTH YEAR

NAME OF PARENT / GUARDIAN

SIGNATURE OF PARENT / GUARDIAN

E-MAIL : _____