

OTTAWA REC HOCKEY WAIVER

Participant's name: _____

Participant's address: _____

Participant's telephone #: _____

Participants Date of Birth: _____

Arena Contract Holder/Activity: Robert Millican - OttawaRecHockey.com

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 Arena contract holder and agree to use the facility and equipment in a manner consistent with its intended use and application.

I understand and agree that my participation in any physical fitness program is strictly voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in a physical fitness program, I accept full responsibility and I will not hold the contract holder, its employees, volunteers, contractors, agents or the instructors liable.

I am executing this release and waiver of liability agreement freely; I acknowledge having read the agreement before signing it.

_____ Participant print your name if 18 years of age and older	_____ Signature of participant if 18 years of age and older	____/____/____ MM DD YYYY
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_____ Witness, print your name	_____ Signature of Witness	____/____/____ MM DD YYYY
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Contact Information for Medical Emergency

In case of an emergency, please provide the following contact information:

Name: _____

Relationship: _____

Address: _____

Telephone #: _____(H) _____(O)