



## Campbell River Storm Junior Hockey Club Complete Hockey Training 2011 Waiver Release Form

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ BC Health#: \_\_\_\_\_

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

In consideration of the benefit conferred on me by the granting of such request, I do hereby, on behalf of myself and my child, release and forever discharge Complete Hockey Training, Campbell River Storm Junior Hockey Club, the Vancouver Island Junior Hockey League and Strathcona Gardens, their employees, coaching staff, management, officers, and volunteers from all claims of any nature, past, present and future, arising out of or in any way connected with the activities of CHT/CR Storm and its' facilities or structures. I assume all risks and hazards incidental to the above article and do hereby waive all claims whatsoever which I or the above named player may have against Complete Hockey Training, Campbell River Storm Junior Hockey Club, the Vancouver Junior Hockey League and Strathcona Gardens. For insurance purposes, all players must wear full safety equipment, including facial protection as was required during the previous hockey season.

\_\_\_\_\_  
Player's name (print)

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Email (print)