

LIABILITY WAIVER

I, _____, give my permission for _____
(Parent's/Guardian's name) (Student's name)

to participate in the 2003-2004 ice hockey program. I acknowledge that participation in this program involves the risk of injury, and I assume this risk. In consideration of this possibility, I consent to emergency transportation and treatment necessary in the event of illness or injury. I accept responsibility for the payment of any emergency transportation or treatment. This program involves physical activity, and I further acknowledge that I (or my child) and/is fully capable of performing the activities required. This program will take place at different hockey rinks in Schroon Lake and in other neighborhood towns. The potential risks involved in participating in this activity include, but are not limited to playing hockey. I agree to hold the Schroon Lake Hockey Association, Town of Schroon and all supervising personnel harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law.

Signature

Date

