

**2014 TOTAL HOCKEY MN
WAIVER FORM**



Total Hockey Minnesota
20775 Holt Avenue
Lakeville, MN 55044

952-469-2218
www.totalhockeyminnesota.com

REGISTRATION FORM

Player Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Parents Name(s): _____

Home # _____ Work # _____

Email Address _____

Waiver and Release of Liability: Participants and guardian hereby affirm that by enrolling in any of the Total Hockey Minnesota programs, clinics or camps, participant and guardian are required to provide all protective equipment and ensure the proper fit, form and function of said equipment with regard to the safety of the user. Participants and guardians understand and agree that neither Total Hockey Minnesota its owners, operators, coaches, agents, sponsors or staff may be held liable in any way for the occurrence in the connection with the programs which may result in injury, death, or other damages to participant or participant's family, heirs or assigns. Participants and guardians have agreed to these release terms of their own free will. Participant and guardian have read and understand the contents of this assumption and release. Participant and guardian assume responsibility for participant's physical fitness and capability to perform athletically under normal conditions of Total Hockey Minnesota. Furthermore, I understand Total Hockey Minnesota reserves the right to use any pictures or videos taken during the camps, clinics or programs for advertising and promotional purposes.

Signature _____

Date Signed _____

Parent/Guardian signature required with all registrations

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