TEAM WAIVER FORM

Easton Cup Tournament Event Information
6318 Cambridge Street, Suite 2 • St. Louis Park, MN • 55416
phone (952) 920-8826 • fax (952) 546-2784
E-mail: eric.knutsen@showcasehockey.com • www.showcasehockey.com

REMINDER: TEAM ROSTERS MUST BE SUBMITTED BY E-MAIL BY JULY 15, 2019.
THIS SIGNED WAIVER FORM MUST BE SUBMITTED AT TEAM CHECK-IN: BEFORE YOUR FIRST GAME.

TEAM NAME_____ **LEVEL**_____

JERSEY #	PLAYER NAME (PLEASE PRINT)	PARENTS SIGNATURE (**needed by team check-in only!**)	BIRTHDATE

TEAM POSITION	COACH/MANAGER NAME (PLEASE PRINT)	COACH/MANAGER SIGNATURE

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Showcase Enterprises, Inc. dba. Minnesota Showcase Hockey, Minnesota Meltdown, Easton Cup, athletic/sports program, related events and activities, I acknowledge, appreciate and agree that: 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. **I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees** or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless Showcase Enterprises, Inc. dba. Minnesota Showcase Hockey, Minnesota Meltdown, Easton Cup,** their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **with respect to any and all injury, disability, death**, or loss or damage to person or property, **whether arising from the negligence of the releasees or otherwise.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. By signing the release form, I certify that, as parent/guardian with legal responsibility for this participant, I do consent and agree to his/her release as provided above of all releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.