MINNESOTA ELITE CLASSIC
Medical/Liability/Acknowledgement of Risk
Waiver and Release of Liability Form

I/We, the parent(s)/guardian(s) of _____, give permission for our child to participate in the Minnesota Elite Classic ("Classic") Tournament.
I/We recognize that the Classic is a nonprofit organization and that all coaches and managers are volunteers. I/We also recognize that the game of hockey is a contact sport and involves the risk of accident and injury. I/We understand that it is my/our responsibility to outfit my/our child with proper and adequate protective equipment, including mouth guards. I/We verify that my/our child is physically fit to participate in all of the activities of this team sport. I/We agree to assume responsibility for all risks and hazards related and incidental to participation, including games, organized practices, and transportation to and from the facilities related to the Classic.
I/We waive, release and agree to hold harmless and indemnify any and all coaches and tournament staff of the Classic for any claim for any reason, including negligence, arising from any personal injury, damage to property, and/or wrongful death.
I/We authorize the Classic, their coaching staff, trainers and managerial staff, together with medical, hospital, or emergency personnel to carry out and/or administer all treatment and diagnosis determined by them to be necessary. This shall include rendering of emergency care in situations where it would be impractical or impossible to obtain additional consent. I/We either have appropriate insurance or, in its absence, agree to pay all costs of emergency and/or medical services as may be incurred on my/our child's behalf. The authority hereby given shall remain in effect unless it is withdrawn in writing.

GENERAL INFORMATION

Players Name:_____
Address:_____
City/State/Zip:_____
Home Phone:_____

MEDICAL INFORMATION

Emergency Contact:_____Phone:_____
Physicians Name:_____Phone:_____
Medical Insurance Co:_____Phone:_____
Hospital Choice:_____Phone:_____
Prescribed Medications:_____
Allergies:_____
Medical/Medication Problems:_____

_____ _____ _____ _____
Parent/Guardian Date Parent/Guardian Date

Tournament Coach _____Tournament Team Level_____