

## WAIVER FORM

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name if player is a minor \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Team \_\_\_\_\_

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### Injury Waiver

In consideration of his/her being permitted to participate in this ice hockey program, the undersigned hereby releases Albany Road – Foxboro, Edge Sports Group and the Foxboro Sports Center and their officers, agents and employees from any liability for any injury suffered during the ice hockey activity or in travel to and from the activity. I further attest that the above-mentioned player is physically and medically qualified to participate in said program. This statement is intended to take effect as a sealed instrument.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE IF PLAYER IS A MINOR \_\_\_\_\_