

**COCHRANE MINOR HOCKEY ASSOCIATION  
HOCKEY SCHOOL CAMP – AUGUST 23-28<sup>TH</sup>, 2010**

Participant Name: \_\_\_\_\_

Division: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Contact No. \_\_\_\_\_

***PARENT CONSENT  
Release and Waiver of Liability and  
Assumption of Risk Agreement***

For Good and Valuable Consideration, including permission for the participant named above (the "minor") to participate in the Conditioning Camp (the "Camp") of COCHRANE MINOR HOCKEY ASSOCIATION ("CMHA"), I the parent/guardian of the minor, for myself and on behalf of the minor agree to the following:

1. I consent to the minor's participation in the Camp;
2. Prior to the minor's participation in the Camp, the minor and I will inspect the facilities, equipment, and area where the Camp is being conducted and, if either of us believes any of them are unsafe; I will immediately advise the person supervising the Camp;
3. I am aware that participating in the Camp or activity can involve **MANY RISKS OR INJURY** to the minor. I understand that the damages and risks of participating in the Camp include serious injury or impairment to the minor's body, general health and well-being. Because of the dangers of participating in the Camp, I recognize the importance of following the staff's instructions regarding techniques, training, rules, and to obey such instructions;
4. I hereby voluntarily assume all risks associated with participation by the minor and agree to indemnify, defend and save harmless CMHA, its officers, agents, servants and employees, from any and all liability, claims, causes or action or demands of any kind and nature whatsoever which may arise by or in connection with the minor's participation in the Camp;
5. The terms hereof shall serve as a release and assumption of risk for the minor's heirs, estate, executors, administrators and assignees;
6. I assume any and all risks of personal injuries to the minor and authorize a member of the Camp's staff to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damage to the minor's or his property, caused by or arising from the minor's participation in the Camp.
9. The minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.

**Parent or legally appointed guardian must sign.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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