



Waiver Form

In consideration of being permitted to use the facilities at "RHP Training Centre Inc." located at 1351 Kelly Lake Road, Sudbury, Ontario, P3E 5P5.

I WARRANT THAT:

1. I recognize, understand and accept the risks associated with using RHP Training Centre and that injuries can occur and the that the risks include injury, serious injury, death and property damage; and,
2. I believe that I am physically, emotionally and mentally fit to participate in activities at RHP Training Centre, and that my equipment is suitable for my use and I will be using training equipment supplied by the RHP Training Centre, I accept all risk in the use of such training equipment; and,
3. I accept that all applicable rules for participation in activities in the RHP Training Centre must be followed and that at all times, the sole responsibility for personal safety remains with me; and,
4. I will immediately remove myself for participation if at any time I observe any unusual hazard or unsafe condition or if I have any deterioration in my physical, emotional or mental fitness for continued participation in activities at the RHP Training Centre.

I Agree on behalf of myself, my spouse, my legal representatives, heirs, executors, administrators, and assigns (hereinafter referred to as the "Releasor") as follows:

1. The Releasor hereby releases, discharges and agrees to hold harmless and indemnify the RHP Training Centre, Custom Ice Rink, National Fitness, Woodway, Atlantis, Ponterio Developments, their owners, officers, directors, trustees, agents, contractors, and employees (hereinafter referred to individually or collectively as the "Releasees") from all liability to the Releasor for any and all personal injury, death and property damage that in any way arises out of the use of the Hockey Training Facilities or the use of training equipment while on or off the property of the RHP Training Centre.
2. The Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence or gross negligence of the Releasees or otherwise while in, using, or upon the RHP Training Centre.
3. The Releasor acknowledges that this Release and Waiver of all Claims applies to all affiliated entities of the Releasees and their respective predecessors, successors and assigns, and all of their past, present, and future officers; directors, agents, contractors and employees, and their respective spouses, legal representatives, heirs, executors, administrators and assigns.
4. I agree to allow my photo, video or film likeness (collectively, the "Photos") to be used for any legitimate purpose in promoting the RHP Training Centre, and I hereby waive any copyright which I may have in the Photos.
5. The Releasor further warrants that he or she is of legal age and is legally competent to execute this Release.
6. The Release and Waiver of all Claims contains the entire agreement between the parties hereto and the terms of this Release and Waiver of all Claims are contractual and not mere recitals.
7. The Releasor expressly agrees that this Release and Waiver of all Claims be construed as broadly and inclusively as permitted by the laws of the Province of Ontario and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
8. The Releasor further states the he or she has carefully read the foregoing, that he or she fully understands the contents thereof and that he or she signs this Release and Waiver of all Claims voluntarily.

If the Releasor is under 18 years of age, the Releasor's parent/guardian must accept

9. As a parent/guardian of the minor, I hereby agree to hold harmless and indemnify the Releasees for any claim brought by or on behalf of said minor, including all costs associated with the Releasees' defense of such claim. I further agree for myself and on behalf of the said minor to all of the terms and conditions of this Release and Waiver of all Claims.

By my signature below, I acknowledge that I have read and agree to all statements contained in this document. This document will be kept on file and for the period stated below it releases all names for the given date through and including the dates signed below.

PARTICIPANT / CHILD: _____ **Date of Birth:** _____

Participant / Parent/Guardian: (Print name): _____

Participant / Parent/Guardian: (signature): _____

ADDRESS: _____ **PHONE #:** _____

MEDICAL CONDITION/ALLERGY _____

DATE: _____ **All dates through & including:** _____ **31/08/2014** _____

EMERGENCY CONTACT: _____ **EMERGENCY CONTACT PHONE NUMBER** _____

EMAIL ADDRESS: _____

TEAM INFORMATION:	
TEAM NAME: _____	TEAM COACH SIGNATURE: _____
TEAM MANAGER SIGNATURE: _____	