

Waiver of liability and Release
Jamie Storr Goalie School

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered **before** signing this document.

In consideration of being permitted to participate in the Jamie Storr Goalie School, I, _____, in full recognition and appreciation of the dangers and risks of playing goalie in ice hockey as well as the range and dry land training and do hereby waive, release, and forever discharge the Jamie Storr Goalie School, its officers, agents and employees from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation the Jamie Storr Goalie School is voluntary.

I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation of the program. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of the Jamie Storr Goalie School that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participant's Name

Participant's Signature

Date

Witness

Signature of Parent or Guardian if
Participant is Under 18 Years of Age