

WAIVER, RELEASE and INDEMNITY, and DECLARATION of GOOD HEALTH

I, _____, for myself, heirs, children/wards, trustees, personal representatives, successors and assigns, hereby: (1) waive any claims, demands, actions or causes of action against WHIP Hockey Inc. or any other participant in the WHIP Hockey League to which I may become entitled in law or equity; and (2) release WHIP Hockey Inc. and all other participants in WHIP Hockey League from any claims, demands, actions or causes of action to which I may become entitled in law or in equity, arising out of, or resulting from, any loss, injury or damage to my person, or to any other person in law for whom I am responsible, or to my property, while I or my heirs, children/wards are participating in WHIP Hockey League, or while I and my heirs, children/wards are traveling to or from WHIP Hockey League, or while I and my heirs, children/wards on any premises rented or licensed by WHIP Hockey Inc. for the purposes of the WHIP Hockey League, notwithstanding that any such loss, injury or damage may have been caused by the negligence of WHIP Hockey Inc. or any other participant in WHIP Hockey League, or by the intentional or negligent act of WHIP Hockey Inc. or any other participant in WHIP Hockey League.

I agree to indemnify WHIP Hockey Inc. and all other participants in WHIP Hockey League from any claims or demands in law or equity, which are made against WHIP Hockey Inc. or any other participant in WHIP Hockey League, arising out of, or resulting from, any intentional or negligent conduct on my part while my heirs, children/wards are participating in WHIP Hockey League, or while my heirs, children/wards are traveling to or from WHIP Hockey League, or while my heirs, children/wards are on any premises rented or licensed by WHIP Hockey Inc. for the purpose of WHIP Hockey League.

I further grant WHIP Hockey Inc., the right to photograph, videotape, and/or record me and/or my children/wards and to use my or my children's/wards' name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

I declare that I and my heirs, children/wards are in proper physical condition to play hockey and I and my heirs, children/wards, trustees, personal representatives, successors and assigns are aware that playing hockey may result in physical injury.

I have carefully read and understand the Waiver, Release and Indemnity, and Declaration of Good Health and by signing this document agree that it is binding upon me in accordance with the above terms.

Dated this _____ day of _____, 20__.

Signature: _____

Name: _____

My child's/wards' Fullname: _____ (Please Print)

My child's/wards' Fullname: _____ (Please Print)

My child's/wards' Fullname: _____ (Please Print)