



Northern Exposure Tournament Waiver

Player Name _____ DOB _____

Emergency Contact: _____

Contact Number: _____

Team _____

Parents Name _____

Parent Number _____

***NO PLAYER MAY PARTICIPATE IN OUR TOURNAMENT WITHOUT THIS SIGNED FORM ON FILE**

INFORMED CONSENT AND LIABILITY

I recognize that there are certain risks, which are inherent in hockey activities. I further recognize that these risks cannot be eliminated regardless of the care taken to avoid injuries. On my own behalf, and on behalf of my child and on behalf of my successors, representatives, family, Heirs, assigns, and estates, I acknowledge and understand that the decision to participate in this program places the child at risk of serious injury, illness, and liability. I voluntarily accept and assume all risks arising out of my child's participation in the tournament, including, but not limited to property damage, personal injury, and death. I request that my child (identified above) be permitted to participate in an activity and agree to the following: In consideration for my child's participation in this activity, on behalf of myself and my child, I waive, release, discharge, indemnify, and hold harmless the Northern Exposure LLC and Northern Exposure Tournament Staff and its employees and volunteers from all liability, claims, cost and expenses arising out of these activities which may result in injury or illness to my child.

I agree to be personally responsible for any related medical expense and understand that any injury will be treated in accordance to the procedures set in place by the tournament EMT's and medical staff if no adult parent/guardian is present.

I also release Northern Exposure LLC, Northern Exposure Tournament/Kasey Yoder from any claims for the loss of personal property. This is intended to be a legally binding document and I agree not to sue the Northern Exposure LLC or the Northern Exposure Hockey Tournament or any of its affiliates.

Parents Signature (player if 18):

_____ Date _____