



PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, _____ the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity.”

I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releases’ from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the releases’ or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above releases’, I will indemnify, save and hold harmless each of the releases’ from any litigation expenses, attorney fees, loss liability, damage, or cost any releases’ may incur as the result of any such claim.

IN THE EVENT THAT CRIMINAL, INTENTIONAL, MALICIOUS OR OTHERWISE ILLEGAL OR IMMORAL ACTIONS OCCUR, THE ENTIRE WAIVER AND RELEASE WILL BE VOIDED. THIS INCLUDES ANY PHYSICAL/EMOTIONAL/SEXUAL MISCONDUCT, ASSAULT, BATTERY, PERSONAL INJURY (WHETHER PHYSICAL OR EMOTIONAL), AND/OR DAMAGE TO PROPERTY DUE TO INTENTIONAL ACTIONS, THIS ENTIRE WAIVER AND RELEASE WILL BE IMMEDIATELY NULL AND VOID.

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to the, Blazers Ice Centre Staff Individuals with the purpose of Good Samaritan intent and the facility that the activities are taking place in and their volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

DATE: _____

1. _____ 2. _____
PRINTED NAME OF PARTICIPANT PRINTED NAME OF PARTICIPANT

(If there are additional minor members, please attach an additional authorization)

Print Name(s) of Parent(s)/Guardian(s) _____

1st Parent/Guardian Signature _____

2nd Parent/Guardian Signature _____

This Consent for Medical Attention shall be binding and effective on the date of signature listed above. This consent will stay in force unless the member and parent/guardian revoke the authorization. In order to revoke the authorization, it must be done in writing.