

Mars Lakeview Arena – Summer League Hockey
Health & Insurance Form / Waiver of Liability

team name		team contact		
participant's full name		age	date of birth	
home address		city	state	postal code
father/guardian		work telephone	home telephone	
mother/guardian		work telephone	home telephone	
person responsible for charges (if different from above)		home address	city	state postal code
person to contact in case parent/guardian cannot be reached		work telephone	home telephone	
health insurance company		policy I.D. number		

Permission To Administer Emergency Care

As the parent/guardian of (first & last name of participant) _____, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident, or illness, I authorize the Head Coach and on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital or nearest facility based on the conditions pertaining to the incident. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, dentists, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays on the above minor. I have been given no guarantee as to the result of examination or treatment. I and our insurance carrier, accept any and all responsibility for all costs associated with the medical care of the above player.

_____ **parent/guardian signature** _____ **date**

please initial **In consideration of being allowed to participate in any way in the Mars Lakeview Arena Summer Hockey League here and related events and activities, the undersigned hereby:**

- _____ Agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or a supervisor of such conditions and refuse to participate
- _____ Acknowledge and fully understand that each participant is voluntarily engaging in activities that involve risk of injury (even catastrophic injury) which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used, and that further, that there may be a risk not known to the Mars Lakeview Arena "Ice Cup" organizers or not reasonably foreseeable at this time.
- _____ Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.
- _____ Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency.
- _____ Intending to be legally bound, thereby does hereby release, waive, unconditionally discharge and consent to sue the Mars Lakeview Arena Summer Hockey League organizers, administrators, officers, directors, agents, coaches, and other employees or volunteers of the organization, sponsoring agencies, sponsors, advertisers, for any and all liability to each the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence to the release or otherwise in connection with associations or entry in and/or arising in participation in any or all of the Mars Lakeview Arena Summer Hockey League official or unofficial activities, event or competitions.
- _____ Hereby consent to accept responsibility for final decisions regarding continued participation if suffering from injuries. In addition, the undersigned certifies that the player is covered by the submitted health insurance plan during participation in the Mars Lakeview Arena Summer Hockey League and accepts the potential costs for treatment that may or may not be covered by the stated insurance plan.
- _____ Hereby consent to allow my participant's picture and/or voice or likeness to appear in any official documentary, promotional television, radio, or film coverage or in a any publication developed for the Mars Lakeview Arena Summer Hockey League in any manner incidental to participation in the Mars Lakeview Summer Hockey League without compensation to me or my participant.

_____ **parent/guardian signature** (This must be signed by a parent/guardian even if the player is 18 years or older) _____ **date**