Huron-Bruce Minor Hockey March Break 3 on 3 Hockey Tournament 2022

ream Name:	
Coach/Contact:	
Division:	
that I have voluntarily applie on 3 Hockey Tournament on THAT THESE ACTIVITIES MAY VOLUNTARILY PARTICIPATIN INVOLVED, AND AGREE TO A DAMAGE, WHETHER THOSE Huron-Bruce Minor Hockey A volunteers, agents or assigns	ABILITY AGREEMENT I, acknowledge and to participate in the Huron-Bruce Minor Hockey's March Break 3 Monday March 14 th — Thursday March 17 th 2022. I AM AWARE BE HAZARDOUS, AND THAT I COULD BE SERIOUSLY INJURED. I AM G IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER ASSUME ANY AND ALL RISKS OF BODILY INJURY OR PROPERTY RISKS ARE KNOWN OR UNKNOWN. I agree that I will not hold the Association, The Township of Huron-Kinloss, any employees, so, nor any sponsors and partners for this event, responsible for any time or others that may occur due to my participation in this
Iv	verify the above statements by placing my initials here:
	Parent or Guardian's initials (if under 18):
AWARE THAT THIS IS A RELEA HURON-BRUCE MINOR HOCH	S AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM ASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND KEY ASSOCIATION, THE TOWNSHIP OF HURON-KINLOSS, ANY AGENTS OR ASSIGNS, NOR ANY SPONSORS AND PARTNERS FOR MY OWN FREE WILL.
	dian: I verify that the dangers of the activities and the significance vere explained to the Participant and that the Participant
PARTICIPANT/RELEASOR (ple	ease print name)
Signature	Date:
IF YOU ARE UNDER 18 YEARS INITIAL THIS FORM WHERE II	S OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND NDICATED.
PARENT OR GUARDIAN (plea	se print name)
Signature	Date: