



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include Breezy Point Sports Inc., Breezy Point Resort International Inc., and Whitebirch Inc., their affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees. For and in consideration of the undersigned participant's registration with Breezy Point Sports Inc., Breezy Point Resort International Inc., and Whitebirch Inc., (all referred to together as Breezy Point) and being allowed to participate in Breezy Point events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in Breezy Point events, activities, the sport of ice hockey, and/or camp activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and camp activities, and understand that ice hockey and camp activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and camp activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of Breezy Point Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees. If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement. Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE If 18 or Over

PARTICIPANT NAME (PRINT)

_____ Date Signed _____

PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)

BREEZY POINT ARENA & LODGE CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____ (athlete participant), or for myself as an adult participant, give my consent to Breezy Point Arena & Lodge and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in any Breezy Point Arena events and activities.

If said participant is covered by any insurance company, please complete the following:

Name of Insurance Company: _____
Address: _____
Policy Number: _____

Signed: _____
(parent/guardian or adult participant)

Relationship to Athlete: _____
Home Address: _____
Phone: (_____) _____ Date: _____

MEDICAL HISTORY INFORMATION

Name _____ Date: _____
Address: _____ Birthdate: _____
Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Physician's Name: _____
Daytime Phone: _____ Evening Phone: _____
Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following? Circle One

Head injury (concussion, skull fracture) Yes No	Fainting spells Yes No
Convulsions/epilepsy Yes No	Neck or back injury Yes No
Asthma Yes No	High blood pressure Yes No
Kidney problems Yes No	Hernia Yes No
Diabetes Yes No	Heart murmur Yes No
Allergies Yes No	Please specify: _____

Injuries to:

Shoulder Yes No Knee Yes No Ankle Yes No Fingers Yes No Arm Yes No
Other: _____
Impaired vision Yes No Impaired hearing Yes No
Other: _____

Have you had a recent tetanus booster? _____ If so, when? _____
Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? _____ Explain: _____