



Liability Waiver

Player Name (please print): _____

I hereby give my consent for the above-mentioned player to play hockey under the auspices of the CAPITAL CITY CONDORS hereafter referred to as the C.C.C. and to abide by the rules of the C.C.C. I hereby acknowledge that the C.C.C. does not provide any medical or accident insurance, and that I am responsible for any medical, dental or similar expenses that may be incurred as a result of any accident that may occur to the above mentioned player.

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the above-noted player while participating in any activities of C.C.C. hockey, the undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above mentioned player as a participant in any programs by C.C.C. Hockey, including practices, scrimmages, skills sessions, games, transportation and other activities related to the program. In consideration of such, the undersigned hereby releases and discharges the program, C.C.C. Hockey, its operators, employees, agents, supervisors, instructors, volunteers, and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of an incident to the above-noted player's participation in said program. This shall also serve as my permission to have CCC personnel act as our agent to engage such medical and dental treatment and hospitalization as may be reasonably required in the event of illness or injury arising during or as a result of participation in the said program.

Dated at _____ (city), this _____ day of _____ month, _____ year.

Parent / Guardian Name (please print)

Parent / Guardian Signature