



**Waiver of Claims & Medical Release**

I the undersigned, acknowledge that the Penetang JR C Kings Hockey Club involves rigorous exertion and activity and the game of hockey involves risks and dangers of personal injury. I hereby release the Penetang JR C Kings Hockey Club and its officers, directors, employees and medical staff from any and all liability for physical injuries rising or resulting from my attendance and participation in the Penetang Kings Prospects Camp.

I further acknowledge that I presently suffer from no medical or physical conditions which have not been disclosed in full to the Penetang JR C Kings Hockey Club and to the best of my knowledge I am physically able to partake in the Penetang JR C Kings Prospect Camp.

I, the undersigned, do hereby consent to and authorize the Penetang JR C Kings medical staff to provide any and all medical information concerning my mental and physical condition to the Penetang Kings and coaching staff.

I have read and understand this waiver and release agreement. I am not relying on my oral or written presentation or statements made by any representative of the Penetang JR C Kings Hockey Club.

NAME OF PARTICIPANT: \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_\_

NAME OF PARENT (GUARDIAN): \_\_\_\_\_

SIGNATURE OF PARENT (GUARDIAN): \_\_\_\_\_

DATE: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_\_

**Please print and sign the form and bring it with you to the Camp. You will not be allowed on the ice without it.**

**Kyle Burns**

**General Manager**

**Penetang JR C Kings Hockey Club**

**705-817-1900**