



Torjager Hockey Camps COVID Pandemic Form

Player Name _____

Home Phone _____ Cell/Work Phone _____ Date of Birth _____

Address _____ City _____ Postal Code _____

E-mail Address _____ Camp Code _____ (one form per camp)

I am aware that participation in Torjager Hockey Camps has, in addition to the usual risks in the sport of hockey, certain other risks which could result in serious injury or death including the Covid Pandemic. I freely accept and understand all such Covid risks and fully assume all such risks and the possibility of personal injury, death, property damage or loss resulting therefrom including Covid – 19 and more.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Torjager Hockey Ltd. permitting my participation in Torjager Hockey Camps, I hereby agree:

1. **TO WAIVE ANY AND ALL CLAIMS** that I may have against **TORJAGER HOCKEY LTD.**, its directors, officers, employees, agents, representatives, heirs, successors, assigns, and volunteers (collectively, the "Releasees").
2. **TO RELEASE** the Releasees from any and all liability for any loss, damage, expense or injury, including death, that I may suffer as a result of my participation in Torjager Hockey Camps, due to any cause whatsoever, including negligence, breach of contract, or breach of statutory duty of care;
3. **TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in Torjager Hockey Camps;
4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
5. This agreement shall be governed by and interpreted exclusively according to the laws of the Province of Alberta and shall be in the exclusive jurisdiction of the courts of that Province.

DESCRIPTION OF RISKS

In consideration of my participation in Torjager Hockey Camps, I hereby acknowledge that I am aware of the risks and hazards associated with or related to ice hockey and the Covid Pandemic, including, but not limited to, injuries resulting from:

1. Strenuous physical and cardiovascular exertion;
2. Stretching various muscle groups;
3. Physical contact with other participants, which could result in injuries to the eyes, teeth, face, head and other body parts, bruises, sprains, strains, cuts, scrapes, breaks, dislocations, concussions, and spinal cord injuries which may leave me paralyzed;
4. Collisions with the arena boards, hockey nets, and ice surface; and
5. Being struck by hockey sticks and pucks.
6. Covid or related Pandemic issues including catching the virus or spreading it.

_____ Initial

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Parent's Signature

Parent's Name

Date

Torjager Hockey Ltd.
240-70 Shawville Blvd SE
Suite #1066
Calgary, Alberta T2Y 2Z3

For information please call/email:
(403) 698-1751/ wade@torjagerhockey.com