

# ALBERTA SUMMER HOCKEY LEAGUE LTD.

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## WAIVER FORM

TEAM NAME \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_  
(Please Print )

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

I, \_\_\_\_\_ consent to participate in the Alberta Summer Hockey League.

I understand that the Alberta Summer Hockey League and/or its proprietors will not be held responsible for any accident, or injury, or loss, however caused, and I agree to release Alberta Summer Hockey League, its proprietors, employees and agents from any and all claims or damage which may arise as a result of, or by reason of, such accident, injury, loss or medical expenses.

If a team spokesman, I undertake to provide the Alberta Summer Hockey League with duly executed waivers for each participant in my team by no later than 48 hours before the first game.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(If under the age of 18,  
Parent or Guardian must sign to validate).

