

ALBERTA SUMMER HOCKEY LEAGUE LTD.

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**68 Harvest Oak Drive NE
Calgary, Alberta
T3K 4C8**

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.

Signature

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