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## **SCOTIABANK HOCKEY NIGHT IN HAWKESBURY**

Robert Hartley Sports Complex, Hawkesbury Saturday, February 10, 2018 - 7:00 p.m.

## **PLAYER CONFIRMATION FORM**

**PLEASE NOTE:** 

Full payment required to secure your spot

NAME (to appear on jersey):	
PREFERRED POSITION:	HOME TEAM  Forward (9 positions available x \$500)  CANADIENS & OFFICIALS  Player (2 positions available x \$1,500)
	Defence (6 positions available x \$500)  Asst. Coach (1 position available x \$750)
	Goalie (2 positions available x \$500)  Officials (1 referee & 6 linesman x \$500)
MINIMUM AGE:	I confirm that I am 30 years old or older
ACTIVITY WAIVER & CON	ISENT:
received <u>no</u> medical advice	am physically fit and have sufficiently trained for participation in this event. I confirm that I have to say contrary and that I do not suffer from any pre-existing condition which may prevent me ockey game as a player or official.
	istration and participation in this event, I hereby confirm that I accept the risks associated with pation and further confirm the following:
General Hospital Foundation	charge from any and all liability la Fondation de l'Hôpital général de Hawkesbury & District on, and its directors, officers, employees, volunteers, representatives and agents; as well as the volunteers, for all bodily harm, including but not limited to my death, disability, personal injury, gical damage;
Foundation, and its directo	ever discharge la Fondation de l'Hôpital général de Hawkesbury & District General Hospital ors, officers, employees, volunteers, representatives and agents; as well as the event sponsors all property damage, property theft or loss, and for actions of any kind which may occur during event; and
Hospital Foundation, and i sponsors and event volunt parties or entities as a resu	t to indemnify and discharge la Fondation de l'Hôpital général de Hawkesbury & District General ts directors, officers, employees, volunteers, representatives and agents; as well as the event eers, from any and all liabilities or claims, including all allegations of negligence, made by third all of my actions or omissions during this event.
	vent or related activities, I may be photographed. I agree to allow my photo, video, or film legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.
	Consent shall be construed broadly to provide a full release and waiver, including all allegations num extent possible under the applicable law.
This Activity Waiver & Con	sent binds my heirs, executors, administrators, next of kin, successors and assigns.
I certify that I have review	ved this document and I understand its content in its entirety.
Name (print):	
Signature:	Date:

PLEASE RETURN TO / MERCI DE RETOURNER À:

FONDATION HGH FOUNDATION 101-175 Main Ouest/West Hawkesbury, ON K6A 2H3 Email / Courriel: nwjeanlouis@hgh.ca

