Yandle Hockey Waiver



Player Name	
Emergency Contact	Relationship
Phone Number	Email
hereby agrees, on behalf of myself, my chi representatives, to fully and forever dischargements, partners, agents, operators, mana claims I or my child(ren) may have or here damages, liabilities, expenses and or caus world, attributable, or relating in any mann whether caused by the negligence of Yand acknowledge and agree that this Release a responsibility of the Released Parties for a fillness), personal injuries, temporary or per while attending and or participating in the are up-to-date. This document shall also so or admitted to a healthcare facility for any while attending camp. Yandle Hockey Cambullying, hazing, alcohol, tobacco, drugs are exhibiting or possessing any of these will by signing below, and by being enrolled in Camp. I understand that this document is in which the camp is taking place and agree continue in full legal force and effect. I agrinterpreted in accordance with the laws of principles of conflicts of law of such commendations.	y for any and all risk of personal injury, property damage or death that may rticipant in Yandle Hockey Camp activities. Additionally, the undersigned d(ren), my heirs and my personal representatives or their heirs or personal rege and release Yandle Hockey and its affiliates, and their respective gers, employees, and representatives ("Released Parties") from any and all mafter have for any illness, injury, temporary or permanent disability, death, as of action, now known or hereinafter known, in any jurisdiction in the er, to my child's or children's attendance and participation at the camp, are Hockey or any of the Released Parties or by any other reason. I and Waiver of Liability is intended to be, and is, a complete release of any my and all illness (including COVID19 or other communicable disease or manent disability, death and or property damage sustained by my child camp. Further, all of the above-named camper's physicals and vaccinations erve as my authorization and permission to have my child attended to and necessary medical or dental treatment in the case of sickness or injury p has a zero tolerance policy with respect to uncontrollable behavior, dother controlled substances and weapons of any kind. Any camper the immediately dismissed from the camp and will forfeit all amounts paid. This camp, I assent to the enforcement of this policy by Yandle Hockey intended to be as broad and inclusive as permitted by the laws of the state that this Acknowledgement, Waiver and Release will be governed by and the Commonwealth of Massachusetts without giving effect to the nonwealth. I further agree that any legal proceedings related to this all take place in Suffolk County in the Commonwealth of Massachusetts.
Players Signature	Date

Parents Signature ______Date_____