Minnesota Independent AAA Hockey Classic
PLAYER WAIVER FORM

TEAM NAME: _____ **BIRTH YEAR** _____

PLAYER NAME	PARENTS SIGNATURE	DATE
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Waiver and Release

****Any player not listed and signed for by their parent or guardian will not be allowed to participate in****
****Said tournament; The Minnesota Independent AAA Hockey Classic****

WAIVER: In consideration of being allowed to participate in the **Minnesota Independent AAA Hockey Classic**, related events, and activities, the undersigned acknowledge and agrees, on behalf of the attending team that the **Minnesota Independent AAA Hockey Classic** will not be held responsible for any accidents, injury or loss however caused and hereby releases and holds harmless the **Minnesota Independent AAA Hockey Classic**, their officers, directors, officials, coaches, agents, and/or employees, volunteers, other team participants and coaches, arenas, arena officials, arena employees, owners, sponsors, and advertisers, with respect to any and all injury, disability, or loss to person or property, whether caused by the negligence of the releases or otherwise. Please have each parent sign for their player. This form must be complete faxed by May 1st to Bob Capra at 952-546-2784 or delivered to your first game.

Any player not listed and or signed for by a parent or guardian is the liability responsibility of the Head Coach!

Signature of Head Coach: _____

Please complete and mail or fax to: Bob Capra 7035 Wayzata Boulevard Suite #110, St. Louis Park MN 55426
May also be delivered to your 1st game, Fax: 952-546-2784 – rwcapra@msn.com