



2201 Florida Avenue; St. Louis Park, MN 55426
952-303-6883 | www.HatTrickSports.net

RELEASE OF LIABILITY

Player Name: _____ **Birth Date:** _____
Address: _____ **Home Phone:** _____
City: _____ **E-mail:** _____
State/Zip: _____ **Parent Name(s):** _____

In enrolling at Hat Trick Sports, participant understands that he/she attending the programs and using Hat Trick Sports and the facilities does so at his/her own risk. Hat Trick Sports and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Hat Trick Sports, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Hat Trick Sports. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Hat Trick Sports to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Hat Trick Sports and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Parent/Guardian Signature

Date

----- OFFICE USE ONLY -----

Date Request Received: _____

Approved / Denied: _____

Added to EZ Facility: _____

Added to team file: _____

Comments:

League Administrator Signature