



X Ice Hockey, LLC

955 Washington Street
Norwood, MA 02062



Liability Waiver Agreement

Selected Site: _____

Child's Name: _____ **DOB:** _____

Parent's Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Does your son/daughter take any medications, or have any unusual medical needs that should be brought to the attention of our staff? ___Yes ___ No

If so, please attach a detailed description of the medical needs of your child with this application. Thank you.

I/We, the parent(s)/guardian(s), of the above named player and registered participant, give my/our consent for his/her participation in any and all X Ice Hockey activities. I/We assume all risks, liabilities and incidentals to my/our child including transportation to and from activities; and release and discharge any X Ice Hockey, LLC member, director, sponsor, coach, supervisor, participant, affiliated organizations, related parties and/or person transporting my/our son/daughter to and/or from any activity for any claim arising out of and injury or death to my/our son/daughter, whether the results of negligence or for any other cause, except to the extent and in the amount covered by accident and/or liability insurance the X Ice Hockey league holds at the time of the accident or liability caused by my/our son/daughter.

I/We further agree that my/our liability shall further include any and all damages caused by my son/daughter to property not owned by X Ice Hockey league and that I/we will reimburse the owners/managers of said property for any and all damages caused by my son/daughter.

Your Name (Please Print)

Signature

Date

Please mail to:

X Ice Hockey, LLC
44 Wycliffe Road
E. Walpole, MA 02032