



ESP Hockey Agreement to Participate / Waiver & Release of Liability Form

Participants hereby agree to voluntarily participate in the selected ESP Hockey venue & commit to the financial and safety terms presented to them by their coach and or the ESP organization. Participants and guardians hereby affirm that by enrolling in any ESP Hockey LLC. venue, participants are required to provide all protective equipment to be used by participant. Participants and guardians are responsible for the safety and good operating condition of said equipment. Participants and guardians understand and agree that neither ESP Hockey LLC. nor its members, owners, operators, sponsors, agents, or coaches, may be held liable in any way for any occurrence in connection with the league which may result in injury, death or other damages to participant or their family, heirs, or assigns. Participants and or participants guardians have agreed to these release terms of their own free will. Participants and guardians assume responsibility for the participant's physical fitness and capability to perform under intense athletic conditions. In addition, parent / guardian having signed this waiver, releases ESP Hockey LLC. from any liability related to injury to themselves, and any extended family, resulting from being struck by stray pucks, sticks, or players if they against the wishes of ESP Hockey, view action near player benches or other areas with open boards, as there is an increased risk of injury. In addition, ESP Hockey LLC, requests that all participating families verbally share the above risks with anyone else they invite to come watch our hockey leagues and or tournaments, including friends and acquaintances who may not be aware of the risks. ESP Hockey reserves the right to use any photos or videos taken during its events for advertising or promotional purposes. ESP Hockey also reserves the right to disclose the participation of previous alumni of our leagues and or tournaments for future marketing purposes.

Print Player Name

_____/_____/_____
Player Birth Date

Print Parent or Guardian Name

Name of Coach (important)

Parent or Guardian Signature

_____/_____/_____
Today's Date

Emergency Contact Number (s) (required)

Email (optional but encouraged)

Waivers must be fully completed and signed prior to players being allowed to participate in any ESP Hockey on or off ice training. Please return this form to your designated coach prior to your player's participation or mail the form to:

ESP Hockey LLC. P.O. Box 25293 Woodbury, Minnesota 55125