



## Medical Waiver and Release

I hereby give my consent to the EHA Hockey Academy personnel to provide, through a medical staff of its choice, customary medical attention and emergency medical services as warranted in the course of my son/daughter's participation in the Training Camps at EHA Hockey Academy.

I agree to take full responsibility for the expenses incurred as a result of such treatment.

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other injuries and losses associated with participation in this outdoor summer program. I further agree on behalf of myself, my heirs, and personal representatives, that, Training Camps at EHA Hockey Academy along with the directors, medical staff and counselors of this organization, or the administration or employees of the EHA Hockey Academy, shall not be liable for any injury or damage occurring as a result of my son/daughter's participation in this program.

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Camp Participant's Full Name (Please Print)

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Parent/Guardian's Full Name (Please Print)

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Signature of Parent/Guardian

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Participant's Primary Medical Insurance Carrier and Policy Number