



Player Name: _____

Team Name: _____ Team ID: _____

Tournament Location: _____

Jersey No: _____ Age: _____ Years Experience: _____ CAPP No (see below): _____

Address: _____

City: _____ State/Prov. _____ Postal/Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birthdate: _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the CAN/AM Hockey Group athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential from permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the CAN/AM Hockey Group their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessor of premises used to conduct the applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, to the fullest extent permitted by law, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I agree and consent that CAN/AM Hockey Group reserves the right to use any pictures or videos taken during the Tournament for advertising and promotional purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This release, in it's entirety, must be signed and returned in order for you to participate in the CAN/AM Challenge Cup Tournament. You must be 21 years old or older in order to participate in the CAN/AM Challenge Cup Tournament.

PARTICIPANT'S SIGNATURE

DATE SIGNED

CAN/AM ADULT PLAYER PLACEMENT (CAPP NUMBER)

Enter the most applicable number for each player on your team based on his personal hockey experience.

CAPP Description of CAPP Number

1 Professional Hockey (paid to play at any level)

2 NCAA Division I or Junior A Hockey

3 NCAA Division III or Junior B Hockey

4* Youth Travel Hockey through Midget/High School

5* Abbreviated Youth Travel Hockey

6* Youth Rec League or In-House Hockey (any age)

7* No Youth Hockey Experience

**Subtract 1 from CAPP Numbers if any or all of the following apply:*

4 or 5 Played at elite level of Youth Hockey (AAA, AA, Select Travel Team)

6 or 7 More than 5 years of Adult Hockey experience

ROOM RESERVATION AND PAYMENT FORM



Team ID _____ Team Name _____

Tournament Location _____ Tournament Date _____

PLAYER INFORMATION

Player Name _____

Address _____ City _____ State/Prov _____ Zip/Postal _____

Home Phone(_____) - _____ Business Phone(_____) - _____

Fax Phone(_____) - _____ Email _____

RESERVATION INFORMATION

Number of: Players _____ Guests _____

Thursday Check-in Friday Check-in

I will be sharing a room with (Player(s) Name) _____

Room Request(s): (e.g. need 1 cot at additional (select hotels), cost, need 2 rooms, no smoking, etc.) _____

We will do our very best to meet your requests, however we cannot guarantee that all requests will be met.

PAYMENT INFORMATION

Amount Enclosed or to be charged: \$ _____

Check one:

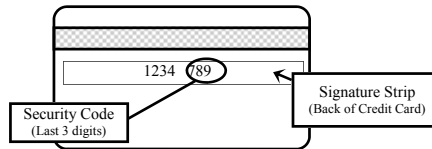
Visa MasterCard Check Money Order *(Please Include Team Name on all checks and money orders)*

16 digit Visa or MasterCard Number

/

Expiration Date Month/Year

Security Code



Signature of card holder

Print Name of card holder

A \$200 per room deposit is due 60 days prior to the Tournament. Final balances are due 30 days prior to the Tournament.

For those paying by credit card, the balance of your package will automatically be charged to your account 30 days prior to the Tournament unless payment has been made prior to the deadline for final balances. Absolutely no checks will be accepted within 30 days of the Tournament.

CANCELLATION POLICY: IF AN ENTIRE TEAM CANCELS, THERE WILL BE NO INDIVIDUAL OR TEAM REFUNDS ISSUED. There is no refund if a room is cancelled within 14 days of the Tournament. There is a \$50 per room cancellation fee if a room is cancelled within 60 days of the tournament.