

# Byron Spriggs Goaltender Development



## Waiver of Responsibility

I agree that this registered player is physically fit to participate in this program and has no medical conditions, which restrict their participation.

I further agree that participation in this hockey school exposes participants to significant risks of personal injury.

As the parent or legal guardian of the player, I am aware of the risks, and voluntarily and knowingly recognize, accept and assume this risk.

I hereby release Byron Spriggs, Byron Spriggs Goaltender Development, its employees, contractors and affiliates from any and all claims for damages or injuries in any way connected with the participants in the program.

In the event the player is injured, I Byron Spriggs and Byron Spriggs Goaltender Development have permission to seek medical or dental treatment.

I further agree to hold Byron Spriggs and Byron Spriggs Goaltender Development Camps harmless for lost or stolen articles of property.

I further understand that this release is binding upon my heirs, executors and assignees.

I acknowledge that this is a high intensity athletic program and accept all of the risks with the association of the participation in such a program.

Goalie Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography and Video Permission

I, \_\_\_\_\_, hereby allow Byron Spriggs Goaltender Development, its representatives and employees the right to take photographs and videos of \_\_\_\_\_ (student's name).

I agree that Byron Spriggs Goaltender Development may use such photography/videos of \_\_\_\_\_ (student's name) with or without their name and for any lawful purpose, for example, publicity, illustration, advertising, and web content. All content will be used respectively in order to represent Byron Spriggs Goaltender Development.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_