

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 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.

I acknowledge the contagious nature of COVID-19. I do hereby freely, voluntarily, and without duress agree to assume the risk that I (or the person I am signing this document on behalf of) may be exposed to or become infected by COVID-19 by attending Byron Spriggs Goaltender Development Camps, and further acknowledge that such an exposure or infection could lead to injury, illness, disability (including permanent disability), and/or death. I acknowledge that the risk of exposure or infection by COVID-19 during or surrounding my participation in Byron Spriggs Goaltender Development Camps may occur due to the actions, omissions, or negligence of myself or others, including, but not limited to the releasee, and I hereby release, waive and discharge any and all damages, losses, or claims on account of injury, termination of life in connection with COVID-19 caused or alleged to be caused in whole or part by releasees or any other party's actions, inactions or otherwise, and agree not to sue the releasees and to indemnify them from any and all third party claims relating to injury, illness, disability, and death related to COVID-19 exposure or infection.

I agree to ensure I have read and will follow the community center guidelines including but not limited to, completing and follow the recommendations of the Manitoba Shared Health self-screening tool.

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

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 the participant.

I agree that Byron Spriggs Goaltender Development may use such photography/videos of the participant 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.

Guardian Name: _____

Signature: _____

Date: _____