



1. I, the undersigned, acknowledge that the Schomberg Cougars Junior Hockey Club, involves vigorous exertion and activity and the game of hockey involves risks and dangers of personal injury. I hereby release the Schomberg Cougars Junior Hockey Club, it's executive, directors, coaching & training staff, arena staff and all volunteers from any and all liability for physical injuries rising or resulting from my attendance and participation in the Schomberg Cougars camps, tryouts, exhibition schedule, regular season and playoffs.
2. I further acknowledge that I presently suffer from no medical or physical conditions which have not been disclosed below, in full to the Schomberg Cougars Junior Hockey Club, and to the best of my knowledge, I am physically able to partake in all activities with this club.
3. I, the undersigned do hereby consent to and authorize the Schomberg Cougars staff to provide any and all medical information concerning my mental and physical condition to the Schomberg Cougars coaching/training staff.
4. I acknowledge the contagious nature of COVID-19. I further acknowledge that Hockey Canada, the Provincial Junior Hockey League (PJHL) and the Schomberg Cougars will follow any restrictions put in place by York Region Public Health. I understand and acknowledge that the Schomberg Cougars Hockey Club, the PJHL nor Hockey Canada, cannot guarantee that I will not become infected by COVID-19 and are in no way liable for any infections.
5. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, any team personnel and any other team member and their families.
I am voluntarily participating in activities with the Schomberg Cougars Hockey Club and acknowledge that I may be exposed to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending any activity.
6. I hereby release and indemnify the Schomberg Cougars Hockey Club harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Schomberg Cougars Hockey Club, or that may otherwise arise in any way in connection with any services received from the Schomberg Cougars Hockey Club. I understand that this release discharges the Schomberg Cougars Hockey Club from any liability or claim that I, my heirs, or any personal representatives may have against the Cougars with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with the Schomberg Cougars Hockey Club. This liability waiver and release extends to the Schomberg Cougars Hockey Club, inclusive of all executive, management, bench staff and all volunteers associated with the Club.
7. I have read and understand this waiver and release agreement.

Medical Conditions: _____

**Please note if you are under 18 years of age a parent/guardian must sign this portion of the form.

Name (please print): _____

Name (please sign): _____

Parent Signature _____
(if participant under 18 years of age)

Date: _____