

Athlete, Parent or Guardian Release

Chicago Blackhawks Special Hockey



Athlete's Name: _____ Sex: _____ Age: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone: _____ SS#: _____

I, the undersigned, athlete, parent, and/or legal guardian of the above named athlete, hereby request permission for the athlete to participate in the Chicago Blackhawks Special Hockey Program. I represent and warrant you that the athlete is physically and mentally able to participate in the Chicago Blackhawks Special Hockey Program.

On behalf of the athlete and myself, I acknowledge that the athlete will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Chicago Blackhawks Special Hockey, its staff and coaches from all liability for injury to person or damage to property of myself and entrant. In permitting the athlete to participate, I am specifically granting permission to you to use the likeness, voice, and words of the athlete in television, radio, films, newspaper, magazine and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Chicago Blackhawks Special Hockey, and in appealing for funds to support such activities.

The athlete, with which I am parent and/or guardian, and I completely understand the rules of Chicago Blackhawks Special Hockey and agree to adhere to said rules. I also understand that athlete, parent and/or guardian's participation can be terminated at any time for unsportsmanlike conduct and/or behavior unbecoming that of a participant of Chicago Blackhawks Special Hockey.

Signature: _____ Relationship: _____

Printed Name: _____ Date: _____

Witness: _____ Date: _____