



## FACILITY WAIVER

### **Parent Information (over 18)**

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: Ontario

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(C) \_\_\_\_\_

(W) \_\_\_\_\_

### **Student Information**

Name 1: \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Name (2): \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Name (3): \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Emergency Contact Name / Contact #: \_\_\_\_\_

By enrolling at GRIND HTC, I understand that attending the programs and using GRIND HTC and the facilities is at my own risk. GRIND HTC and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by my participation with my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs or activities on the

premises, I hereby fully and forever release discharged hold harmless GRIND HTC, its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, I agree to follow the rules set by GRIND HTC. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at GRIND HTC to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize GRIND HTC and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. If registering as an individual, I give GRIND HTC permission to share my contact information with team captains and managers in order to facilitate my placement with a team.

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Participant or Parent/Guardian Signature (if participant is under 18 yrs)

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Date