

Ice Breaker Youth Street Hockey Festival Permission Form

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

CIRCLE ONE: MALE FEMALE

AGE: _____ **GRADE IN SCHOOL:** _____

In the event of injury to my child, ward or for whom I am legal guardian or otherwise, I agree that the St. Louis Sports Commission, Inc., Boston University, University of Wisconsin, University of Notre Dame, College of the Holy Cross, St. Louis Blues Hockey Club, and/or Warrior Sports, are authorized on my behalf to obtain medical care or treatment deemed necessary. I understand that there are risks involved with the child participating in this clinic. I hereby fully and irrevocably release each of the entities above, its respective employees, officers, directors, members, agents, volunteers, successors and assigns from any and all damages or liability of any kind any and all claims of any kind, alleged on the child's account or on my account for injuries or other damages occurring during the clinic whether or not caused or alleged to be caused in whole or in part by any of the aforementioned parties. I further give permission for the child's likeness to appear in material promoting St. Louis Sports Commission and St. Louis Sports Foundation, including but not limited to the St. Louis Sports Commission and St. Louis Sports Foundation clinics and websites.

Name

Relationship

Signature

Date

Please fax the completed form to (314) 621-1391; Attn: Solomon Alexander