



# GUELPH MINOR HOCKEY ASSOCIATION

C11 - 100 CRIMEA ST. GUELPH, ON N1H 2Y6  
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## Participant Waiver/Release Form

(Signature required for participation)

This form explains the risks you are assuming by participating in the activity that you have selected below. It is critical that you read and understand it completely. After you have done so, please complete the information at the bottom of this document.

I, \_\_\_\_\_  
(Print name of participant)

have volunteered to participate in the program selected below. I agree on behalf of myself, my assignees, executors, and heirs to release, indemnify and hold harmless Guelph Minor Hockey Association, their trustees, officers, agents, contracted employees, and employees from any and all liability, damage, claims of any nature brought by me, my assigns, executors and heirs arising out of or in any way related to my participation in **Guelph Minor Hockey's Skating School Fun Day** at the University of Guelph – Red Rink.

Activity: **Guelph Minor Hockey's Skating School Fun Day**

Date of Activity Participation: **Saturday, March 14, 2026**

I hereby acknowledge and accept the risks inherent in my participation in the above-mentioned activity and assume responsibility for my personal health, medical, and accident coverage. I understand that it is my responsibility to follow and obey all instructions and guidelines that have been informed to me by the instructors or staff at the activity.

<u>Participant Information</u>	
Name:	_____
Address:	_____
City/Province:	_____ Postal Code: _____
Phone Number:	_____ Date of Birth: _____
Emergency Contact Name & Relationship:	_____
Emergency Contact Number:	_____
Participant Signature:	_____ Dated on: _____
Printed Name of Parent/Guardian (if participant is under 16 years):	_____
Signature of Parent/Guardian (if participant is under 16 years):	_____
Contact Number:	_____ Dated on: _____