



# ***2011 Northumberland Street Hockey Festival***

IN SUPPORT OF THE  
NORTHUMBERLAND HILLS HOSPITAL FOUNDATION

# COLBORNE ENTRY FORM

## TEAM ENTRY FEE: \$75

Team Name

Team Contact Person (Print Name)

Address, including postal code

Phone number

**TEAM AGE GROUPS (circle one):**  7-9 /  10-12 /  13-15 /  16-19 /  Adult (20+)

## RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of our application and the permission to participate as an entrant or competitor in the Charity Street Hockey Festival on Saturday, May 14th, 2011. We, our heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the event organizers, the Municipality of Cramahe/Colborne, and the Northumberland Hills Hospital, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to our person or property HOWSOEVER CAUSED, arising or to arise by reason of our participation in the said event, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid.

WE FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with our participation in the said event.

BY SUBMITTING THIS ENTRY, WE ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY. We WARRANT that We are physically fit to participate in this event. We have been offered the opportunity to discuss any risks and have any questions answered.

For more information please contact: Jennifer Scott-Tinney @ 905-355-3068 or [EMAIL](#) ???

**Team Members (Print Name)**

### Signature

### Contact Number