

Presented by Canadian Tire



In Support of the  
Northumberland Hills Hospital Foundation

# 8th Annual Northumberland STREET HOCKEY FESTIVAL

**Saturday, May 11, 2013**

## REGISTRATION FORM

Entry Form - Team Entry Fee: \$100

**\*\*Full payment must be handed into the Foundation Office with registration form\*\***

Team Name \_\_\_\_\_

Team Contact Person (**Print Name**): \_\_\_\_\_

Email (**required**): \_\_\_\_\_ Phone Number: \_\_\_\_\_

### TEAM CATEGORY BASED ON BIRTH YEAR (circle one):

<b>2008 or later</b> (Ages 5 & under)	<b>2005 to 2007</b> (Ages 6 to 8)	<b>2003 &amp; 2004</b> (Ages 9 & 10)	<b>2001 &amp; 2002</b> (Ages 11 & 12)	<b>1999 &amp; 2000</b> (Ages 13 & 14)	<b>1996 to 1998</b> (Ages 15 to 17)	<b>1995 or earlier</b> (Ages 18 & older)
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Team Member	Signature	Contact Number	Birthdate (Day/Month/Year)
1)			
2)			
3)			
4)			
5)			
6)			
7)			

### 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 11<sup>th</sup>, 2013. We, our heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the event organizers, the Town of Cobourg, Delcom Management 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.

**Registration form and payment drop off:** Northumberland Hills Hospital Foundation Office located right inside the main doors of NHH - 1000 DePalma Drive, Cobourg ON, K9A 5W6

For more information please contact: Adrienne Barrie at 905-372-6811 ext. 3068 or [abarrie@nhh.ca](mailto:abarrie@nhh.ca)