

CRIMSON HOCKEY CLINIC

June 14 – June 17, 2018

Parental Permission & Waiver of Liability

Participant Name: _____

1. I give my child; identified at the top of this form, permission to participate in the Crimson Hockey Clinic at Harvard University.
2. I am aware of all inherent dangers and risk involved in the Crimson Hockey Clinic including: bodily injury, sprains, fractures, dislocations, lacerations, concussions, eye, head, neck or back injuries, or death. Some specific risks include, but are not limited to:
 - a. Being hit or struck by sports equipment (stick, puck, helmet).
 - b. Being hit, struck, physically challenged or collision with other participants.
 - c. Collision with camp facilities (floor, goal, ground, rink, ice).
3. I understand that Crimson Hockey Clinic does not provide Accident or Medical Coverage and that I am required to provide this for my child. I agree that I am financially responsible for all medical expenses whatsoever. (Athlete will not be allowed to participate in clinic unless your medical insurance and policy number are provided below.)
4. I agree, on behalf of my child, that I will not hold the Crimson Hockey Clinic, Harvard Business School, its directors, agents, affiliated personnel or persons associated with the facilities used, liable for any damages, misuse or negligence in the operation or participation in any Crimson Hockey Clinic program.
5. I understand the terms of this agreement are legally binding and certify that I am signing this agreement of my own free will after carefully reading it.

Medical Insurance Provider: _____

Insurance Policy Number: _____

Parent/Guardian (Please Print)

Witness (Please Print)

X _____
Signature of Parent/Guardian

X _____
Signature of Witness

In witness whereof, this instrument is duly executed: _____
Date

Please return via mail (65 N. Harvard St. Boston, MA 02163), or via email (thecrimsonclinic@gmail.com)
by **June 1, 2018**.

Without this waiver, athlete may not participate.