

# TRUHockey Development Participant Info, Health History, Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement (“RELEASE AGREEMENT”)

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## Participant Information

- Participant Name: \_\_\_\_\_
  - Date of Birth (DD/MM/YYYY): \_\_\_\_\_
  - Parent/Guardian Name (if under 18): \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Would you like to be added to our email list to stay up to date on the latest programs?  
Yes\_\_\_ No\_\_\_
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## What age group is your athlete currently playing or going into next season?

- U7
- U9
- U11
- U13
- U15
- U18
- Junior

## What level does your athlete play currently?

- House League
- AA
- AAA

## Player Position (Check all that apply)

- Center
- Left / Right Winger

- Defence**
- Goalie**

**What mental skills is your athlete looking to improve the most? (Select top 2 or 3)**

- Confidence & Inner Belief**
- Unlocking Leadership Ability**
- Communication with others**
- Vulnerability**
- Accepting Adversity**
- Growth Mindset**

**What physical skills is your athlete looking to improve the most? (Select top 3 or 4)**

- Speed & Acceleration
- Edge Work (Inside/Outside Edges)
- Shooting (Release, Deception, Power, Accuracy)
- Hockey IQ (Reading Situations, Scanning, Game within the game)
- Passing (Forehand/Backhand Accuracy)
- Mobility (Transition, Footwork)
- Puck Skills (Heads up, Protection, Control)
- Details within their game (Small Area and Individual Habits)
- Body Positioning (Protection, Readiness, Receiving Contact, Proper Checking Technique)

### **Health History Intake**

**To ensure the safety of all participants, please complete the following section fully and accurately.**

**Does the participant have any of the following (check all that apply):**

- Asthma
- Diabetes
- Seizure Disorder
- Heart Condition
- Allergies (food, medication, environmental)
- ADHD/ADD
- Other (please specify): \_\_\_\_\_



**If any allergies or health concerns were checked, please explain:**

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**Does the participant carry an EpiPen or inhaler? If so, we request that you notify the instructor on the location of the device, and that you are available in the facility should an issue arise.**

- Yes
- No

Date of last tetanus shot (if known): \_\_\_\_\_

**Is the participant currently taking any medications?**

- Yes
- No

If yes, please list: \_\_\_\_\_

Is there anything else we should be made aware of to ensure the safety of the participant?

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**Note: It is the sole responsibility of the parent/guardian to update TRUHockey Development in writing should any health information change during the program.**

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### **Consent**

Signature of Participant (if 18 or over): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IMPORTANT: BY SIGNING THIS DOCUMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.**

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**TO:** TRUHockey Development and its directors, clients, employees, instructors, representatives, independent contractors, subcontractors, suppliers, sponsors, and successors (all referred to as the "Releases").

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**DEFINITION:**

In this Release Agreement, the terms "Power Skating", "Skill Development" and "Dryland Training" include any events or services provided, arranged, organized, conducted, sponsored, or authorized by TRUHockey Development. This includes but is not limited to camps, training sessions, practices, dryland sessions, instructional courses, coaching mentorsips or any other activities related to or connected with TRUHockey Development.

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**PROTECTIVE EQUIPMENT:**

It is mandatory to wear a CSA-approved helmet, full equipment set, neckgaurd and any other protective equipment deemed necessary. A mouthguard is strongly recommended for all on-ice activities.

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**ASSUMPTION OF RISKS:**

I acknowledge that participation in Power Skating, Skill Development and Dryland Training involves various risks, dangers, and hazards, including the possibility of personal injury, death, property damage, or other losses. These risks may arise from the actions or negligence of other participants or the Releases, including the failure of the Releases to safeguard or protect me.

I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS, AND HAZARDS associated with participating in TRUHockey Development activities.

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## **RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT:**

In consideration of being permitted to participate in TRUHockey Development Power Skating, Skill Development and Dryland Training activities, I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS I may now or in the future have against the Releases, and TO RELEASE the Releases from any and all liability for loss, damage, injury, or expense that I may suffer, as a result of participating in TRUHockey Development activities. This includes any cause whatsoever, including negligence, breach of contract, or failure to protect or safeguard me from the risks and hazards of participation.
2. TO HOLD HARMLESS AND INDEMNIFY the Releases for any and all liability for property damage, personal injury, or loss to any third party resulting from my participation.
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.
4. This Agreement and any rights, duties, and obligations arising from it shall be governed solely by the laws of the province in which the TRUHockey Development activities take place.
5. Any litigation shall be brought solely within the jurisdiction of the Courts of that province.

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### **Name/Photo Publishing:**

6. Should the participant be filmed for teaching purposes or have their name/photo published for promotional purposes, a signature is required.

**Signature** \_\_\_\_\_

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## **FINAL AGREEMENT:**

In entering into this Release Agreement, I confirm that I am not relying on any verbal representations made by TRUHockey Development about the safety of the activities. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING IT I AM WAIVING CERTAIN LEGAL RIGHTS, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS, OR REPRESENTATIVES MAY HAVE AGAINST TRUHOCKEY.

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Dated (Signed dd/mm/yyyy):

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Printed name of Parent/Guardian:

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Acknowledgement:

By checking this box, I confirm that I am the legal Parent/Guardian of the participant registered in this TRUHockey Development camp as printed above. I also agree that I have read this waiver and that by submitting this online or paper copy Registration Form, this waiver is binding.