



ELITE Hockey Training

The EDGE
 42 Race Street
 San Jose, CA 95126
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ELITE HOCKEY TRAINING Registration Form

Participant's Full Name:		
Age:	Date of Birth:	Nickname:
Parent Name:		
Address:		
City:	State:	Zip:
Phone (Day)		Phone (Evening)
Phone (Emergency)		Phone (Cell)
Email:		
To be completed by our OFFICE Only:	Payment Received: YES NO	Check No.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate as a student, instructor, counselor, assistant, coach, or volunteer (herein called "Participant" in the ELITE Hockey Training Program at the EDGE 42 Race Street, San Jose CA, 95126, (hereafter referred to as "the ELITE Hockey Training Program", the undersigned understands, acknowledges, and agrees that:

1. The ice hockey, ice skating, and associated off-ice dry land training have inherent physical risks. The exercises, moves, and techniques practiced, taught, and/or demonstrated by Participants in the ELITE Hockey Training Program carry such risks, including (without limitation) the risk of bodily injury, paralysis, or death due to falling on the ice, colliding with players or other instructors, and/or bumping into any player's/instructor's equipment, skates, or sticks. Using proper equipment, following the rules and exercising discipline may reduce the risks.
2. I understand the inherent risks, and voluntarily assume the risks, whether known or unknown. I fully and unconditionally assume responsibility for my child's (my) participation. I willingly agree that my child (I) will comply with the stated and customary terms and conditions for participation. I however recognize that doing so will not eliminate all risk from the activities. If I observe any unusual significant hazard during my presence I will remove my child (myself) from participation, and will immediately bring such hazard to the attention of the nearest instructor.
3. Participant fully and unconditionally releases ELITE Hockey Training Program, The EDGE, Khuong Chiropractic Corporation, and their owners, officers, directors, managers, employees, and agents individually, from any and all loss, damage, responsibility, obligation, or liability (with the exception of any workers' compensation coverage

mandated by applicable state or provincial law if Participant is an instructor, counselor, or assistant) arising out of any illness or injury I may incur during my time as Participant in the ELITE Hockey Training Program.

4. Participant is responsible for any and all medical costs for any injuries arising from or around the ELITE Hockey Training Program activities.
5. Participant has no known medical condition that restricts or prohibits participation in ice hockey, ice skating, or any related activity. Nor does participant have any known medical condition, which puts him or her at greater risk of injury or death resulting from any risks associated with participating in the ELITE Hockey Training Program, whether such risks are known or unknown to parent or participant. The ELITE Hockey Training Program recommends a medical examination before participation.
6. Participant shall act in a mature and responsible manner. Any behavior that the ELITE Hockey Training Program deems to endanger the safety of other persons or property, or jeopardize the ELITE Hockey Training Program's ability to lease ice or otherwise conduct its business, will result in the student's immediate expulsion. Participant may be expelled from the ELITE Hockey Training Program for any of the following reasons:
 - a. Financial delinquency;
 - b. Failure to abide by all of the ELITE Hockey Training Program and ice rink rules and directives;
 - c. Falsification of registration information.
7. The ELITE Hockey Training Program and The EDGE may use, without compensation to the undersigned or participant, any photo, audio and/or video recording of any of the ELITE Hockey Training Program activities in which the participant appears, for promotional, advertising or educational purposes.
8. I understand that neither the ELITE Hockey Training Program nor the ice facility are responsible for any loss or damage to my personal items at the facility.
9. The undersigned acknowledges that the ELITE Hockey Training Program and the EDGE at 42 Race Street, San Jose, CA 95126, its owners, managers, agents, and representatives have made no representations, warranties, inducements or promises which are not contained herein and that this signed form represents the entire Agreement between the undersigned and the ELITE Hockey Training Program and The EDGE at 42 Race Street San Jose, CA 95126.
10. In the case of a medical emergency, I give permission for the ELITE Hockey Training Program, The EDGE at 42 Race Street, San Jose, CA 95126, and Khuong Chiropractic Corporation, its officers, officials, employees, instructors, and agents to seek medical attention for myself (if over 18), or for my child, if I, the parent or legal guardian, am absent.

I have read this Agreement, fully understand its terms, and sign below voluntarily and without inducement.

Print Parent/Guardian's Full Name	Signature of Parent/Guardian	Date