



Saturday, September 7th, 2024

REGISTRATION FORM

Entry Form - Team Entry Fee: \$140 (\$20 per player)

*Full payment must be made online or in the NHH Foundation Office with registration form by Sept 2nd 2024

Team Name _____

Team Contact Person: _____

Email: _____ Phone: _____

TEAM CATEGORY BASED ON AGE OF ALL PLAYERS & 2024 CALENDAR YEAR (check one):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 6-8 (2018, 2017, 2016)	Ages 9-11 (2015, 2014, 2013)	Ages 12-14 (2012, 2011, 2010)	Ages 15-17 (2009, 2008, 2007)	Ages 18+ (2006 + earlier)

Team Member	Signature	Contact Number	Birthdate DD/MM/YY
1)			
2)			
3)			
4)			
5)			
6)			
7)			

I / We confirm our team will be wearing proper safety equipment

RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of our application and the permission to participate as an entrant or competitor in the NHH Foundation Street Hockey Festival on Saturday, September 7th, 2024. We, our heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the event organizers, the Town of Cobourg, 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.

THIS FORM MUST BE SUBMITTED TO MEGAN BY SEPT 2ND - mfluxgold@nhh.ca or in office at NHH