



**ALPHA-ERA GIRLS  
HOCKEY COMPANY**

***Participant Information:***

Name:

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Date of Birth:

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Program [please print]:

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Parent/Guardian Name (if under 18):

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***Assumption of Risk***

I, the undersigned participant (or parent/guardian if the participant under 18), understand that participation in any athletic training program, including power skating and dryland training, involves physical exertion and inherent risks including, but not limited to, slips, falls, muscle strains, sprains, collisions, or other injuries.

I understand that these risks exist even when safety precautions are taken and that participation is voluntary.

***Release of Liability***

In consideration of allowing my child to participate in Alpha Era Girls Hockey Company programs and activities, I hereby release, waive, and discharge Alpha Era Girls Hockey Company, its owners, directors, coaches, staff, volunteers, facility operators, sponsors, and partners from any and all claims, demands, actions, or causes of action arising out of or related to injury, illness, loss, or damage sustained during participation. This release applies to the fullest extent permitted by the laws of the Province of Ontario except in cases of willful misconduct.

***Medical Authorization***

I certify that my child is both physically, medically, and mentally fit and able to safely participate in hockey-related activities.

In the event of injury or medical emergency, I authorize Alpha Era Girls Hockey Company staff to obtain emergency medical treatment for me or my child if an emergency contact cannot be reached, and I accept responsibility for any medical costs incurred.

***Equipment & Conduct***

I understand that proper hockey equipment is required at all times and that I am responsible for ensuring all safety rules, coaching instructions, and facility guidelines are followed by the participant.

I acknowledge that failure to follow rules or demonstrate respectful behavior may result in removal from the program without refund.

***Photography & Media Release***

I grant Alpha Era Girls Hockey Company permission to photograph or record me and/or my child during participation in programs and events, and to use such media for promotional, marketing, or educational purposes, including websites and social media, without compensation.

***Program Policies & Refunds***

I understand that registration fees, scheduling, and program details are subject to Alpha Era Girls Hockey Company policies. Refunds, credits, or program changes are handled according to published policies or as outlined at the time of registration.

***Acknowledgement & Agreement***

I confirm that I have read and understand this waiver, release of liability, and assumption of risk.

I agree to its terms freely and voluntarily on behalf of myself and my child.

Signature of Participant:

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Date:

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Parent/Guardian Signature (if under 18):

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Date:

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