



SOUTHERN ONTARIO FIRE FIGHTERS HOCKEY LEAGUE INC.

WAIVER RELEASE

In consideration of my being permitted to participate as an entrant or competitor in this event, I myself, my heirs, executors, administrators, successors and assigns do hereby remise, release and forever discharge, waive and save harmless, protest and keep indemnified Southern Ontario Fire Fighters Hockey League Inc. and any and all clubs, associations, sanctioning bodies and sponsoring companies, participants, competitors, entrants and all of their respective agents, officials, servants and representatives from and against any and all kinds of actions, claims, costs and expenses and demands in respect of death, injury, loss or damage, to my person or property howsoever caused arising out of my being permitted to attend at or in any way take prior to, during or subsequent to this event whether as a spectator, participant, competitor, entrant or otherwise and notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the aforesaid, their agents, officials, servants or representatives. And I hereby grant to SOFFHL Inc. and its affiliated corporations and their authorized representatives the irrevocable right to use in any way or as they see fit, for the purposes of publicizing, advertising and trade, without restriction, my name and/or physical appearance and face and /or any comments concerning the event. By submitting this entry, I acknowledge having read, understood, and agreed to the above waiver, release and indemnification.

TEAM NAME: _____

NAME: (PLEASE PRINT) _____

HOME ADDRESS: _____

DEPARTMENT: _____ **EMPLOYEE #:** _____

CONTACT NUMBERS:

CELL: _____

HOME: _____

HALL: _____

EMAIL ADDRESS: _____

I acknowledge that I have personal insurance to cover any injury incurred in the Southern Ontario Fire Fighters Hockey League Inc. I also acknowledge that I have read and understood this document.

_____ (full signature required)

DATED This _____ day of _____ 20 _____

ALL LINES ON THIS DOCUMENT ARE TO BE COMPLETED.