Lake Superior Stars
ICE CUP Tournament
Player & Team Staff Waiver/Release

2010 LSS Ice Cup
Lake Superior Stars
PO Box 3055
Duluth, MN 55803

Birthyear 95 - 97 Boys; U12 & U14 Girls: August 6-8, 2010
Birthyear 98 - 01 & U10 Girls: August 20-22, 2010

Phone:
www.lakesuperiorstars.com
info@lakesuperiorstars.com

Team Name _____ **Level** _____

Jersey#	Player Name (please Print)	Parent/Guardian Signature	Birthdate

All Players **MUST** have a parent/guardian signature on this waiver.

Team Position	Coach/Manager Name (please print)	Coach/Manager Signature

In consideration of being allowed to participate in any way in the Lake Superior Stars "ICE CUP" tournament and related activities, I acknowledge, appreciate and agree that: 1: The risk of injury from the activities involved in this program is significant including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2: I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and 3: I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe an unusual significant hazard during my or my child's presence or participation, I will remove myself/my child from participation and bring such to the attention of the nearest official immediately; and

4: I, for myself and on behalf of my heirs, assign, personal representatives, and next of kin, herby release and hold harmless the Lake Superior Stars Hockey Organization, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing this release, I certify that as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all releasees, and for myself, my heirs, assigns and next of kin I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Payment Deadline: July 1, 2010
Birthyear 95-97, U12,U14; Aug 6-8
Birthyear 98-01| August 20-22