

# Lorette Ringette Association- 3on3 Tournament WAIVER FORM

Division:    R4U                      U10                      U12                      U14                      U16                      OPEN CO-ED

Team Name: \_\_\_\_\_ Team Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

	First Name	Last Name	Birthdate mm/dd/yy	Parent/Guardian Name	Parent/Guardian Signature *
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**\*Parent/Guardian must sign prior to the player entering the ice surface.**

**Consent and Wavier of Responsibility:** Every player, parent or guardian must read and execute this waiver form. Signatures on the form signify each person has read, understands and abides by this information. There are risks connected with participation in this tournament and its related activities. A signature releases and discharges the Lorette Ringette Association, and volunteers from all actions, suits and demands in law or equity, including but not limited to, the risk of injury from playing in this tournament.