

## **Minnesota Mavericks AAA Hockey Program**

### **Parental Consent Waiver and Release**

By my child's participation in the Minnesota Mavericks AAA hockey program, I fully understand the inherent risks involved with the sport of hockey. I shall fully comply with all rules and directives from the Minnesota Mavericks AAA hockey program's officials. I agree to allow the hockey program's officials and/or facility officials to arrange for emergency medical care of my child in the event that such action is deemed necessary. I hereby save and hold harmless Buccaneers Hockey, LLC, its owners, employees, agents, and volunteers from any and all liability from injuries, incidents, or legal matters arising from or in any manner associated with my child's participation in the Minnesota Mavericks AAA hockey program.

I have read and understand the above statement:

Please Print Player Name: \_\_\_\_\_

Please Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_