

ECHO/Coastal Cup Hockey Liability Release Form

Team Name:	Age Group:
-------------------	-------------------

In consideration for my application being accepted, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against the rink, ECHO, Coastal Cup, any official affiliated with the club to which I belong, the owner of the site where my club practices or the competitive games take place, or their officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained by and suffered by me in connection with any association with or entry in and for arising out of my traveling to, participating in, and returning from Coastal Cup or ECHO tournaments. To the best of my knowledge and belief, I am in good physical condition and have no disease or injury that will be aggravated or cause harm to me or others as a result of my participation or would impair me in doing my best in completion.

	Player Name	Jersey #	Parent Signature for Minor Child	Player Signature 18 Years Old and above	AAU Number	Birth Cert.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Coach						
Coach						