

RELEASE AND INDEMNITY AGREEMENT

Player Name: _____

I, parent or legal guardian of the above-named player, acknowledge that ice hockey is a contact sport and sometimes a dangerous activity that can result in physical injury or other damages. I AGREE that Beantown Classic/Boston Junior Bruins, its' officers, agents, servants, employees, coaches, scouts, volunteers, sponsors, facilities, rinks, and facility and rink employees shall not be liable to me or the above-named player for any injury or damage resulting directly or indirectly from any participation with the Beantown Classic/Boston Junior Bruins. In consideration of the Beantown Classic/Boston Junior Bruins accepting the above-named player, the undersigned hereby acknowledges and agrees that, to the fullest extent of the law, the undersigned will defend, indemnify, discharge, and hold harmless the Beantown Classic/Boston Junior Bruins, and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the above-named player's participation in any way with the Beantown Classic/Boston Junior Bruins, including without limitation any injuries or damages incurred. During travel or travel related functions to or from any and all organization/team functions. I UNDERSTAND that this agreement shall bind my heirs, legal representatives and all assigns and shall inure to the benefit of Beantown Classic/Boston Junior Bruins, its' officer, agents, servants, employees, volunteers and sponsors, and their successors and assigns. IT IS FURTHER AGREED that Beantown Classic/Boston Junior Bruins does not and shall not be considered to guarantee or warrant equipment as may be used in the conducting of said activity. Beantown Classic/Boston Junior Bruins reserves the right to use any pictures taken during the activity for promotional or instructional purposes without compensation.

Player Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

Consent for Medical Treatment of A Minor

As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb, or well being of the above-named player.

Signature: _____

Date: _____

phone-508.820.1600 fax-508.820.1643

www.BeantownClassic.com