



# NIKE BAUER SELECTS CAMPS RELEASE OF LIABILITY AGREEMENT



*PLEASE BRING FORMS WITH YOU TO CAMP.*

*NIKE BAUER SELECTS CAMPS  
St. Benedictine University  
TEL (630)-521-1111*

**PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK  
BY SIGNING THIS DOCUMENT YOU ARE ENTERING INTO A CONTRACT WHEREIN YOU MAY BE WAIVING CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**TO:** The SB Arena LLC and Seven Bridges Ice Arena ("Arena"), Advanced Arenas Inc., Advanced Power Hockey LLC, KL2 Holdings, Inc., their owners, officers, directors, agents, employees, and/or representatives of the above listed organizations:

**ASSUMPTION OF RISK:** I am aware that participating in an ice hockey camp/clinic involves certain inherent risks, dangers and hazards which can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury to my child while participating in this hockey camp/clinic. I further recognize and acknowledge that the risks inherent in the sport of ice hockey can be greatly reduced by wearing proper protective equipment and by using common sense.

**RELEASE AND WAIVER OF CLAIMS AGREEMENT:** In consideration of allowing me to participate in this hockey camp/clinic, I hereby agree to the fullest extent permitted by law, as follows:

**TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the Arena, any of the parties named above and/or the rental shop; and

**TO RELEASE** the Arena and any party named above from any and all liability for any loss, damage, injury or expense that my child may suffer, or that any next of kin may suffer, arising from and as a result of my child's participation in this hockey camp/clinic, due to any cause whatsoever, including negligence or breach of contract regarding the design, manufacture, selection, installation, maintenance or adjustment of the equipment and in the operation, supervision, design, or maintenance of the Arena.

**ARBITRATION:** In consideration of allowing me to participate in this hockey camp/clinic, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Arena, and/or the above named parties arising from my child's participation in this hockey camp/clinic. Such arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose and if not commenced within that one (1) year time frame, said claim shall be barred. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction. This Arbitration provision is in addition to and shall in no way limit the above Release and Waiver of Claims Agreement.

**BINDING EFFECT OF AGREEMENT:** In the event of my death or incapacity, this Agreement shall be effective and binding upon by heirs, next of kin, executors, administrators, assigns and representatives.

**ENTIRE AGREEMENT:** In entering into this Agreement, I am not relying upon any oral or written representation other than what is set forth in this Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ARENA, ITS OWNERS, MANAGERS, EMPLOYEES AND/OR THE RENTAL SHOP.**

\_\_\_\_\_  
Signature of Parent or Guardian, Required if Participant is a Minor

\_\_\_\_\_  
Date



# NIKE BAUER SELECTS CAMPS MEDICAL RELEASE



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*TO BE COMPLETED BY PARENT/GUARDIAN OR FAMILY DOCTOR*

CAMPER NAME \_\_\_\_\_

CAMPER ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE PLAN AND NUMBER \_\_\_\_\_

NAME OF INSURED PERSON \_\_\_\_\_

RELATIONSHIP OF INURED PERSON TO CAMPER \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

CAMPER MEDICAL PROBLEMS (HEART DISEASE, SINUS, ASTHMA, ETC.) OR  
SPECIAL ATTENTION NEEDED PLEASE LIST BELOW \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I believe to the best of my knowledge, \_\_\_\_\_ is in good health, and is able to participate in all activities related to Advanced Power Camps. I understand that Advanced Power Camps is not responsible for any accident or illness incurred by the students during the program. I hereby authorize Advanced Power Camps to secure and or administer emergency medical treatment if required.*

\_\_\_\_\_  
*Signature of Parent /Guardian or Family Doctor*

\_\_\_\_\_  
*Date Signed*



# NIKE BAUER SELECTS CAMPS BEHAVIORAL AGREEMENT



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I hereby agree to comply with all written and verbal regulations and rules enforced by the staff or their immediate representatives. I acknowledge that failure to comply could result in removal from the camp and/or immediate expulsion from the activity, course and program, without any camp refund or credit.

It is understood that irresponsible behavior will not be tolerated, especially in connection with alcohol, tobacco and any other non-medical drugs.

Any doubts I have about the rules and/or their application will be brought to the attention of the staff person responsible.

Any charges incurred as the result of non-compliance of TAC Advanced Hockey Camps will be borne by the individual (travel fare, damage charges, fines, etc.)

Camper Name \_\_\_\_\_

Signature of Camper \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_